

Case Number:	CM15-0192399		
Date Assigned:	10/06/2015	Date of Injury:	04/28/2004
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 04-28-2004. He has reported subsequent neck and back pain and was diagnosed with cervical spondylosis, degeneration of lumbar disc and lumbar disc displacement. Treatment to date has included pain medication, lumbar epidural steroid injections, acupuncture, physical therapy and a home exercise program, which were noted to have failed to significantly relieve the pain. In a 04-21-2015 progress note, the physician indicates that the injured worker had not been seen by a physical therapist for at least a year and a half. It's unclear as to how many physical therapy sessions has been received, to which body parts they were applied or that there was any objective functional improvement with prior therapy. A 06-25-2015 progress note indicated that the injured worker completed daily home exercise program and pool exercises which were helping him manage pain. In a progress note dated 08-06-2015, the injured worker reported increased pain to his cervical spine of 3 out of 10 at rest and 6 out of 10 with repetitive use and low back and leg pain that was 3 out of 10 at rest and 7 out of 10 with repetitive use. Objective examination findings revealed tenderness of the lumbar, cervical and upper thoracic spine with paraspinal muscle spasms, which was noted to have decreased from moderate tenderness and moderate spasm. Flexion of the lumbar spine was increased from 45 out of 90 degrees to 70 out of 90 with extension of 45 out of 45 degrees, cervical. Rotation and lateral flexion was noted as being 60 out of 80 degrees (previously 40 out of 80 degrees), extension was 30 out of 45 degrees and (previously 15 out of 45 degrees) and flexion was 30 out of 45 degrees and (previously 15 out of 45 degrees), prior to six acupuncture treatments. Objective findings also showed positive

Spurling's test in the cervical spine and positive straight leg raise with a positive Minor sign. Work status was documented as permanent and stationary with permanent disability. The physician noted that a request for aqua therapy visits for the acute cervical and lumbar spine pain flares with associated radicular pain to the upper and lower extremities was being made. A request for authorization of 8 sessions of aqua therapy visits for the cervical spine and 8 sessions of the aqua therapy for the lumbar spine was submitted. As per the 09-03-2015 utilization review, the request for 8 sessions of aqua therapy visits for the cervical spine and 8 sessions of the aqua therapy for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 sessions of aqua therapy visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits the MUTS guidelines refer to the Physical medicine section. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records do not establish that the injured worker is unable to participate in a land based exercise program to address the recent flare-up. The medical records do not establish evidence of extreme obesity to support the request for aquatic therapy. The request for 8 sessions of aqua therapy visits for the cervical spine is not medically necessary and appropriate.

8 sessions of aqua therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, the MUTS guidelines refer to the Physical medicine section. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia,

myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records do not establish that the injured worker is unable to participate in a land based exercise program to address the recent flare-up. The medical records do not establish evidence of extreme obesity to support the request for aquatic therapy. The request for 8 sessions of aqua therapy visits for the lumbar spine is not medically necessary and appropriate.