

Case Number:	CM15-0211512		
Date Assigned:	10/30/2015	Date of Injury:	05/29/2006
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, 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 54-year-old male, who sustained an industrial injury on May 29, 2006, incurring neck and low back injuries. He was diagnosed with lumbago, lumbar degenerative disc disease, spinal stenosis, cervical degenerative disc disease and cervicalgia. Treatment included 13 sessions of physical therapy, acupuncture for headaches, pain medications, muscle relaxants, antianxiety, topical analgesic patches and sleep aides, surgical interventions, home health assistance and activity restrictions and modifications. Currently, the injured worker complained of increased neck pain with restrictive range of motion, spasms, and lumbosacral pain with limited range of motion, numbness and tingling. He used a wheelchair all the time for mobility due to the pain and weakness in his legs. He noted pain and numbness in his hands and feet, spasms and neck stiffness and difficulty sleeping at night secondary to the chronic pain. Physical examination of the cervical spine and lumbar spine on 10/5/15 revealed limited range of motion, muscle spasm and positive SLR. The medication list includes Soma, Xanax, Nucynta, Fentanyl patch, Halcion. The patient's surgical history includes cervical surgery in 2008 and inguinal hernia surgery in 2010. The patient sustained the injury due to lifting heavy weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 aquatic therapy visits over 3 weeks, lumbar cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: 6 aquatic therapy visits over 3 weeks, lumbar cervical spine. Per MTUS guidelines, aquatic therapy is, "Recommended 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." A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land-based physical therapy that is specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 6 aquatic therapy visits over 3 weeks, lumbar cervical spine is not fully established in this patient.