MAXIMUS Federal Services

Case Number:	CM15-0031537		
Date Assigned:	02/24/2015	Date of Injury:	07/12/2014
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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: Oregon, California
Certification(s)/Specialty: Neurological Surgery

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 50-year-old female who reported an injury on 07/12/2014, due to an unspecified mechanism of injury. On 02/04/2015, she presented for a follow up evaluation regarding her work related injury. She reported neck pain and headaches that continued, despite conservative treatments. It was noted that she had undergone 6 chiropractic therapy sessions and had not returned to work. She also reported pain in the low back that radiated into the right leg, rated at a 7/10 to 8/10, with worsening numbness. A physical examination of the cervical spine showed decreased range of motion; and marked muscular hypertonicity of the bilateral paraspinal cervical musculature, upper trapezii, levator scapulae and suboccipital musculature. There were trigger points noted in the bilateral suboccipital musculature and upper trapezius, and loss of intersegmental joint range of motion via manual manipulation. Maximal foraminal compression testing reproduced ipsilateral cervical pain with radiation to the upper extremities. The lumbar spine showed slight anterior lean to the lumbar spine in the standing position and muscular hypertonicity in the standing position. The thoracolumbar spine range of motion was noted to be decreased, and Kemp's test was markedly positive on the right for lumbar spine pain and pain radiating into the right buttock. Right seated straight leg raise was positive at 30 degrees, as well as in the supine, and 40 degrees for pain radiating into the lumbar spine to the right lower extremity. Faber testing reproduced right lower back pain without anterior hip pain. There was marked musculature hypertonicity throughout the lumbar spine, right greater than left. Spinous processes were marked with tenderness at the L3-S1, and right sciatic notch and sacroiliac joints were markedly tender. The course of the sciatic nerve was tender along the

course of the right leg, and belt test diminished symptoms in the lumbar spine slightly. Sensation was decreased in the left greater than right dermatome; and she had diminished strength deficit on ankle dorsiflexion, inversion and extensor hallucis longus bilaterally at 4/5. She was diagnosed with cervical sprain and strain, lumbar disc protrusion, lumbar radiculopathy and lumbar spondylolisthesis. It was stated that a Request for Authorization was being put in for surgery. The treatment plan was for associated surgical services with postop aquatic therapy 3 x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Aquatic therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an option as an alternative to land based therapy when reduced weight bearing is desirable. The documentation provided does not show that the injured worker has a condition that would require aquatic therapy rather than active land based therapy. Also, the body part that aquatic therapy was being requested for was not stated within the request. Furthermore, the number of sessions of aquatic therapy being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.