

Case Number:	CM15-0092626		
Date Assigned:	05/19/2015	Date of Injury:	02/25/2011
Decision Date:	12/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on February 25, 2011, incurring upper and lower back, shoulders and wrists injuries. He was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement syndrome and wrist tendinitis and bursitis. Treatment included acupuncture, aquatic therapy, pain management and activity restrictions. Currently, the injured worker complained of persistent continued neck and back pain radiating into the upper and lower extremities with paresthesia and numbness. She noted spasms, tenderness and guarding of the cervical and lumbar spine with loss of range of motion. There was noted decreased sensation in both the cervical and lumbar spine. The treatment plan that was requested for authorization included 12 aquatic therapy sessions of the lumbar spine. On May 8, 2015, a request for 12 aquatic therapy sessions of the lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Cervical>

and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for ongoing radiating neck and radiating low back pain with paresthesia and numbness. He was seen by the requesting provider on 04/14/15. A QME from December 2014 was reviewed. Repeat diagnostic testing and medical therapy including physical therapy, acupuncture, aquatic rehabilitation, and psychological evaluation and treatment had been recommended. Physical examination findings included cervical and lumbar paravertebral muscle spasm, tenderness, and guarding for decreased range of motion. There was decreased upper extremity and lower extremity dermatomal sensation. Tramadol was refilled. Authorization for 12 sessions of aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is no clear indication for aquatic therapy and conventional physical therapy is also being recommended. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The request is in excess of this recommendation and is not medically necessary for this reason as well.