

Case Number:	CM14-0113351		
Date Assigned:	08/01/2014	Date of Injury:	07/15/2005
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 62 year-old male with date of injury 07/15/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/20/2014, lists subjective complaints as constant upper and lower back pain. Objective findings: The ranges of motion of the lumbar spine were slightly-to-moderately decreased in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles as well as in the gluteal muscles. Neck compression test was positive. Patient could no perform heel-toe gait well with the right foot/leg. Sensation to fine touch and pinprick was decreased in the lateral and posterior aspects of the right calf area and the lateral aspect of the right forearm. Proximal muscles of the upper extremities were weak at -5/5 on the right. Grip strength of the right hand was weak at -5/5. Proximal muscles of the lower extremities were 5/5, and distally 5/5. Ankle jerks were hypoactive bilaterally. Diagnosis: 1. Chronic myofascial pain syndrome, cervical and thoracolumbar spine 2.chronic headaches 3. Mild right L4-5 and mild-to-moderate left L4-5 radiculopathy 4. Hypertension 5. Bilateral carpal tunnel syndrome 6. Status post myocardial infarction (02/03/2014) 7. Abnormal MRI of lumbar spine showing 7mm disc protrusion at L5-S1 and 4mm disc protrusion at L4-5. Patient has completed 12 sessions of aqua therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement.