

Case Number:	CM14-0210522		
Date Assigned:	12/30/2014	Date of Injury:	04/02/1990
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 63-year old female with an injury date of 04/02/90. In the progress report dated 09/03/14, the patient complains of lower back pain, lower extremity pain, and neck pain. The dull, sharp and shooting pain is accompanied weakness in low back and lower extremities. The pain is rated at 8/10 with 40% functionality. Activities of daily living and exercise worsen the pain. Physical examination reveals limited range of motion in the cervical and lumbar spine and concordant pain with facet loading. There is tenderness to palpation over the lumbar facet joints and right greater trochanters. Medications, as per progress report dated 09/03/14, include Norco, Lyrica, Meloxicam and Celebrex. The patient wears a LSO brace. She has tried ice and heat with temporary benefit. Physical therapy also offered temporary relief in the past, as per the same progress report. The patient has received several injections including trigger point injections, medial branch blocks, and GTB injections among others. The procedures provided varying degrees of relief. The patient has also undergone C4-C7 fusion. The patient will remain off work, as per progress report dated 06/05/14. X-ray of the Cervical Spine, 10/21/11, as per progress report dated 09/03/14: C4-C7 fusion with spondylosis at L3-4 above her fusionMRI of the Cervical Spine, 09/29/11, as per progress report 09/03/14: - Solid anterior fusion at C4-C7- Degenerative disc disease at C3-4 and C7-T1- Central and right paracentral osteophyte at C3-4Diagnoses, 09/03/14:- Chronic mechanic allow back pain, lumbar facet arthropathy- Failed neck surgery syndrome, s/p cervical fusion at C4-C7- Cervical and lumbar radiculitis- Greater trochanter bursitis- Chronic pain syndromeThe treater is requesting for AQUATIC THERAPY X

6 FOR LOWER BACK AND NECK. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 06/05/14 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 6 for low back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: This patient presents with lower back pain, lower extremity pain, and neck pain accompanied weakness in lower back and lower extremities, as per progress report dated 09/03/14. The request is for Aquatic Therapy X 6 for Lower Back and Neck. The pain is rated at 8/10 with 40% functionality, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the UR letter states that the request is for aquatherapy. In progress report dated 09/03/14, the treater states that the patient has tried physical therapy in the past "with temporary benefit." The treater, therefore, requests for additional physical therapy. The patient suffers from chronic pain in neck, lower back and lower extremities. Assuming that she has not received therapy in the recent past, the treater's recommendation for six sessions of traditional, land-based physical therapy appears reasonable. Additionally, in progress report dated 06/15/14, the treater states that "Aquatherapy is not financially feasible at this time. The progress reports do not discuss any issues with weight-bearing exercises. There is no documentation of obesity as well. Hence, the request for aquatherapy IS NOT medically necessary.