

Case Number:	CM14-0096614		
Date Assigned:	07/28/2014	Date of Injury:	12/18/2009
Decision Date:	04/16/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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: Emergency Medicine

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 female, who sustained an industrial injury on 12/18/09. She has reported a neck and back injury. The diagnoses have included cervical and lumbar radiculopathy, chronic myofascial pain syndrome, cervical and thoracolumbar spine, right shoulder sprain, depression, and insomnia. Treatment to date has included medications, diagnostics, conservative care, Home Exercise Program (HEP). Currently, as per the physician progress note dated 5/20/14, the injured worker complains of constant intractable upper and lower back pain. She states that it has been well controlled with medications and she is able to perform her activities of daily living (ADL's) well. She states that without the medications the pain was rated 7-8/10 on pain scale. She also complains of right shoulder pain rated 5-6/10 on pain scale. She states relief of abdominal pain with use of Prilosec and she has problems with sleeping. The physical exam revealed restricted range of motion to cervical and lumbar spine, multiple myofascial trigger points and taut bands noted throughout. The sensation to fine touch and pinprick was decreased in the left index and middle fingers and the L5 and S1 dermatomes. She could not perform heel-toe gait well. The current medications were not noted. The Treatment Plan included authorization for Hydrocodone, Omeprazole, Xanax to continue, homer muscle stretching exercise, aquatic therapy 2 times a week for 6 weeks, meditation CD, and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 lumbar spine, cervical 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 Aquatic Therapy, Page 22 Page(s): 22.

Decision rationale: The requested Aquatic therapy 2x6 lumbar spine, cervical spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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". The injured worker has right shoulder pain rated 5-6/10 on pain scale. The treating physician has documented restricted range of motion to cervical and lumbar spine, multiple myofascial trigger points and taut bands noted throughout. The sensation to fine touch and pinprick was decreased in the left index and middle fingers and the L5 and S1 dermatomes. She could not perform heel-toe gait well. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic therapy 2x6 lumbar spine, cervical spine is not medically necessary.