

Case Number:	CM15-0111965		
Date Assigned:	06/18/2015	Date of Injury:	07/02/2012
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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:

This 46 year old male sustained an industrial injury to the neck and back on 7/2/12. Previous treatment included electromyography, aquatic therapy and medications. Documentation did not disclose the number of previous therapy sessions completed. Electromyography bilateral upper extremities showed carpal tunnel syndrome but was negative for radiculopathy. In a PR-2 dated 4/5/15, the injured worker complained of ongoing pain to the neck and low back rated 5/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine, lumbar spine paraspinal musculature and right sacroiliac joint with decreased sensation to light touch at the S1 distribution and decreased cervical spine. Current diagnoses included cervical spine radiculopathy, lumbar spine radiculopathy, depression, anxiety and carpal tunnel syndrome. The treatment plan included refilling Ibuprofen and continuing aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, Cervical/ Lumbar Spine, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

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 July 2012 and continues to be treated for neck and low back pain. When seen, pain was rated at 5/10. There was cervical and lumbar spine tenderness with decreased right upper and lower extremity sensation. There was decreased cervical spine range of motion. Straight leg raising was positive. 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, the claimant has ongoing chronic low back pain. A trial of pool therapy may be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.