

Case Number:	CM15-0124069		
Date Assigned:	07/08/2015	Date of Injury:	10/01/2012
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 10/1/12. Initial complaint was of the right foot. The injured worker was diagnosed as having lumbar spinal HNP; DDD; Cervical spine HNP; cervical radiculitis; right lumbar radiculopathy; lumbar myofascial strain; right shoulder degenerative joint disease; right shoulder AC joint arthropathy. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (8/2/13); MRI cervical spine (8/2/13); EMG/NCV study bilateral upper extremity (3/18/15); EMG/NCV bilateral lower extremity (2/19/15). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of burning neck pain that radiates down the right upper extremity to the hand. It also radiates up to the head. He reports frequent headaches and rates his neck pain at 9-10/10 and it radiates to his left shoulder reporting "crackles" in the neck. He reports burning, stabbing and numbness in the low back and rates this pain at 9-10/10 with radiation of aching and burning down the bilateral lower extremities to the feet. He reports tingling and numbness down the legs with weakness in his legs with deep aching pain. He reports he is now having pain in his left foot from overcompensating from the pain in his right foot. He reports when he walks, he feels like he is walking on glass. He reports that he is scared of his pain and whether he will ever get better. He has diarrhea and worries this is due to his fear. Currently, he is taking Gabapentin 600mg three times daily and using Lidopro topical cream. He also takes Cymbalta 60mg twice daily. He also reports he is prescribed from his PCP Oxycontin, Soma, Tylenol #4, Flexeril 7.5mg, Xanax, Doculace and Omeprazole. The provider notes an MRI of the lumbar spine dated in 2013 impression described a L4-5 and L5-S1 disc bulges with

nerve root encroachment. He has had a right L5-S1 epidural steroid injection on 6/12/14 was of no long term benefit. MRI of the cervical spine of 8/2/13 notes impression of reversal of the cervical lordosis that may be associated with spasm and multilevel disc protrusions. The EMG/NCV dated 3/18/15 of the lower extremities was normal and the EMG/NCV study dated 3/18/151 of the upper extremities was normal but showed bilateral median neuropathy for carpal tunnel syndrome. The injured worker CURES from 4/14/15 is consistent with medications prescribed. The provider's treatment plan included a request for authorization of aquatic therapy 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (quantity and strength unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy (quantitative and duration not specified) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, says the injured worker's working diagnoses are right lumbar radiculopathy; cervical radiculitis; lumbar myofascial strain; lumbar HNP; lumbar DDD; cervical HNP; right shoulder DJD; and right shoulder AC joint arthropathy. The date of injury is October 1, 2012. The request for authorization is dated May 21, 2015. According to an April 16, 2015 progress note, the injured worker had multiple complaints including neck, right shoulder back and right foot. The injured worker has burning neck pain 9/10. Back pain is rated 9/10. The injured worker is complaining of left foot pain from overcompensating for the right foot pain. Objectively, there is no height, weight or BMI in the medical record. There is no documentation of prior land-based physical therapy. There is no contraindication documented to land-based physical therapy. There is no documentation of failed land-based physical therapy. There is no clinical rationale for aquatic therapy including the regional body part(s) to be treated. The documentation indicates the treating provider is requesting 2 aquatic therapy sessions per week times eight weeks (16 sessions). Consequently, absent clinical documentation of prior land-based physical therapy and/or failed prior land-based physical therapy and a clinical indication and rationale for aquatic therapy with regional body part(s) to be treated for aquatic therapy, aquatic therapy (quantitative and duration not specified) is not medically necessary.