

Case Number:	CM15-0129610		
Date Assigned:	07/16/2015	Date of Injury:	08/13/1997
Decision Date:	08/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who sustained an industrial injury on 8-13-97. Diagnoses are cervical pain-cervicalgia, shoulder region- not elsewhere classified, lumbago-low back pain, disc degeneration lumbar-lumbosacral. In a progress note dated 5-21-15, a treating physician notes continued back pain and hip pain. Right hip pain is increased with standing and walking and bending at work. She is doing well on current medication. Pain is rated at 5 out of 10. Current medications are Tramadol, Ibuprofen, Gabapentin, Xanax, Volatern, and Flexeril. She complains of anxiety and depression. Cervical spine exam notes pain to palpation over facet joints, prominent spasm, tender spinous process and tender over scapula and left trapezius, and painful range of motion. There is tenderness of the lumbar spinous process and marked sacroiliac joint discomfort and painful range of motion. There is tenderness at the acromioclavicular joint and tenderness at C6-7. Work status is to continue to work as she is able. The requested treatment is aquatic therapy 2x4 lower back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 4 lower back and neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with pain affecting the neck and lower back. The current request is for Aquatic Therapy 2 x 4 lower back and neck. The treating physician states in the report dated 5/21/15, "I suggest she have aquatic therapy for lower back and neck pain and strengthening. She is not making any changes with no treatment." (15B) The MTUS guidelines state, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy" and MTUS only allows 8-10 sessions of physical therapy. In this case, after reviewing the medical records provided, it does not appear that the patient has ever had physical therapy for this injury and the requested treatment is supported by the MTUS guidelines. The current request is medically necessary.