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| <b>Case Number:</b>   | CM15-0176043 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 10/02/2014 |
| <b>Decision Date:</b> | 10/19/2015   | <b>UR Denial Date:</b>       | 08/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 43-year-old male, who sustained an industrial injury on 10-02-2014. He has reported subsequent neck and back pain and was diagnosed with chronic pain syndrome, cervical spine disc bulges, thoracic spine strain and lumbar spine disc rupture. MRI of the cervical spine dated 03-10-2015 showed broad based posterior disc protrusion of 1-2 mm at C5-C6 and C6-C7 and MRI of the lumbar spine dated 03-12-2015 showed broad based 1-2 mm posterior disc protrusion resulting in right foraminal narrowing and right exiting nerve root compromise at L3-L4 and L4-L5 and 1-2 mm broad based posterior disc protrusion of L5-S1. MRI of the thoracic spine dated 03-11-2015 was unremarkable. Treatment to date has included oral pain medication and chiropractic therapy, which were noted to provide some pain relief. In a progress note dated 07-15-2015, the injured worker reported constant neck and low back pain radiating to the left foot. The injured worker noted that therapy was helping to manage pain and increase mobility. Objective examination findings showed 2+ tenderness to the lumbar paraspinal muscles and pain with range of motion of the lumbar spine. The injured worker was noted to be off work. A request for authorization of aqua therapy 2 times a week for 6 weeks (12) for lumbar, thoracic and cervical spine and acupuncture 2 times a week for 6 weeks (12) for the lumbar, thoracic and cervical spine was submitted. The requests for aqua therapy 2 times a week for 6 weeks (12) for lumbar, thoracic and cervical spine and acupuncture 2 times a week for 6 weeks (12) for the lumbar, thoracic and cervical spine were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 times a week for 6 weeks (12) for lumbar, thoracic and cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Aquatic therapy.

**Decision rationale:** The California MTUS section on aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) the patient does not have documented extreme obesity. The amount of therapy is also in excess of recommendations. Therefore, the request is not medically necessary.

**Acupuncture 2 times a week for 6 weeks (12) for the lumbar, thoracic and cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.