

Case Number:	CM15-0073503		
Date Assigned:	04/23/2015	Date of Injury:	01/29/2013
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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:

The injured worker is a 50 year old male, who sustained an industrial injury on Jan 29, 2013. He reported feeling a pull on his mid back with radiating pain to the upper and lower back. The injured worker was diagnosed as having cervical spine sprain/strain and myospasm, thoracic spine disc protrusion per MRI, thoracic spinal and neural foraminal stenosis per MRI, thoracic spine sprain/strain and myospasm, lumbar disc protrusion, lumbar spine sprain/strain and myospasm. Diagnostics to date has included MRI and x-rays. Treatment to date has included work modifications, chiropractic therapy, physical therapy, acupuncture, a back brace, mid back injections, and short-acting and long acting opioid, muscle relaxant, and non-steroidal anti-inflammatory medications. On March 9, 2015, the injured worker complains of constant dull and achy neck pain, stiffness, and weakness radiating to the bilateral upper trapezius muscles with numbness, tingling, and weakness. He complains of constant dull and achy upper/mid back, and low back pain, stiffness, and weakness. The low back pain radiates to the bilateral lower extremities with numbness, tingling, and weakness. His pain is moderate. In addition, he complains of depression, anxiety, and irritability. The physical exam revealed the use of a cane for support when ambulating, a forward posture, decreased and painful range of motion and tenderness paravertebral muscles of the cervical, thoracic, and lumbar, and tenderness of the bilateral trapezii. The treatment plan includes aqua therapy three times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy, Low Back Chapter.

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 is more than two years status post work-related injury and continues to be treated for radiating neck and back pain. When seen, he was noted to ambulate using a cane. He was moving stiffly and slowly. Physical examination findings included poor posture, trigger points, and thoracic level facet joint tenderness. The claimant's BMI is 29. 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, claimant is noted to be obese. 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 require the number of requested treatments. Therefore, the requested is not medically necessary.