

Case Number:	CM15-0073812		
Date Assigned:	04/23/2015	Date of Injury:	10/18/2013
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
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: 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 51-year-old male, who sustained an industrial injury on October 18, 2013. He reported that while performing his normal and customary duties, his back locking up and he was unable to move his legs. The injured worker was diagnosed as having cervical, thoracic, and lumbar sprain/strain, radiation both upper extremities on the right side in the C5 distribution and on the left in the C8 distribution, multiple lumbar spondylosis by report, and acute lumbosacral sprain/strain with radiation to the bilateral buttock. Treatment to date has included cervical epidural block, x-rays, physical therapy, MRI, TENS, and medication. Currently, the injured worker complains of constant neck pain, numbness and tingling in the left and right arms, headaches, left shoulder/arm pain that travels from his neck to his arm with weakness, throbbing, numbness, and tingling, right shoulder/arm pain with pain traveling from his neck to his arm with weakness, numbness, and tingling, numbness and tingling of the hands, pain radiating to his buttocks and legs with muscle spasms, locking, tightness, throbbing, cracking, and popping, anxiety, depression, hopelessness, and difficulty sleeping. The Primary Treating Physician's report dated March 4, 2015, noted the injured worker with an antalgic gait with a crouched position and leaned over position. The cervical spine examination was noted to show bilateral paraspinal tenderness C2 through C6, with tenderness along the greater occipital nerve. The lumbar spine examination was noted to show diffuse tenderness from L4 through S1 as well as the superior iliac crest and along the course of the sciatic notch bilaterally. The injured worker was noted to be too tender to perform a provocative test for sacroiliitis, with bilateral positive straight leg raise. The injured worker was noted to have a myofascial component to his

pain radiating into his bilateral shoulders, bilateral hips, and bilateral lower extremities. The treatment plan included requests for authorization for physical therapy, land and aqua therapy, and MRIs of the cervical spine and the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 6 visits: Upheld

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

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 6 visits to the cervical and lumbar spine are 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. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical, thoracic and lumbar sprain/strain with lumbar radiculopathy; cervical radiculopathy; and multilevel lumbar spondylosis. The date of injury is October 18, 2013. The injured worker has had extensive physical therapy to the lower back. In 2009, the worker had physical therapy 2 to 3 times per week for 10 months. In 2013, the injured worker had additional physical therapy. Subjectively, according to a March 4, 2015 progress note, the worker had 8-9/10 pain cervical spine. Pain is aggravated by repetitive movement and prolonged activities. The worker has left shoulder and arm pain, right shoulder and arm pain, numbness and tingling in the hands. Low back pain rated 8-9/10 pain and is aggravated with bending, stooping, twisting etc. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Aquatic therapy is an alternative to land-based physical therapy. There are no compelling clinical facts involving the cervical spine or lumbar spine in the medical record indicating aquatic therapy is clinically warranted. There are no physical therapy progress notes or evidence of objective functional improvement associated with the extensive physical therapy the worker has received to date. Additionally, aquatic therapy for the cervical spine is not clinically indicated. Consequently, absent compelling clinical documentation with evidence of objective functional improvement (referencing extensive prior physical therapy to date) and compelling clinical documentation indicating additional aquatic therapy/physical therapy is clinically warranted, aquatic therapy 6 visits to the cervical and lumbar spine is not medically necessary.