

Case Number:	CM15-0078332		
Date Assigned:	04/29/2015	Date of Injury:	10/07/2014
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 52-year-old male who sustained an industrial injury on 10/07/2014. Diagnoses include neck sprain/strain, lumbar sprain/strain and other/unspecified disorders-joint pain other specified sites. Treatment to date has included medications, physical therapy, chiropractic, aqua-therapy, lumbar support, TENS unit and Salonpas. Diagnostics included x-rays and MRIs. According to the PR2 dated 4/7/15, the IW reported bilateral neck and low back pain, with the neck being worse. He complained of pain radiating to the left arm and hand, and occasionally to the right hand. Previous aqua-therapy was not completed due to the pool being too small for the 6'4" IW. A request was made for aqua therapy twice weekly for five weeks for the neck, low back and left shoulder; a 13-foot pool was located.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy twice weekly neck, low back, and left shoulder: Upheld

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

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 sustained a work-related injury in October 2014 and continues to be treated for neck and low back pain. When seen, he was having ongoing radiating neck pain and low back pain. Prior treatments have included aqua therapy with 8 sessions completed in February 2015. The claimant's height is 6 feet, 4 inches and weighs 179 pounds with a normal BMI of 21.8. The treating provider documents that the prior aqua therapy was limited due to the size of the pool. Being requested is 10 aqua therapy sessions. 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 there is no identified co-morbid condition that would indicate a need for aquatic therapy. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy and the number of treatments is in excess of that recommended. Therefore, the request is not medically necessary.