

Case Number:	CM15-0093231		
Date Assigned:	05/19/2015	Date of Injury:	07/30/1997
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, who sustained an industrial injury on 07/30/1997. According to a progress report dated 03/24/2015, the injured worker complained of neck pain with radiating pain down to both shoulders. Pain was rated 3-4 on a scale of 1-10. Low back pain persisted and radiated down to the right leg. Sitting and standing for prolonged periods of time-increased pain. Low back pain was rated 3. She was currently not working and had no new injuries or accidents. She continued to perform her home exercises and was having difficulty with medication cutback. She had not had formal physical therapy or other treatment over 8 years and had used gym/pool exercises on her own in the past. Medication regimen included Norco, up to 4 tablets per day for pain and Soma 1 per day for muscle spasm. Overall, she noted functional improvement and improvement with pain with her current medication regimen. Pain was rated 4 with the use of her medication and 8 without pain medication. She reported improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of her current medications usage. Physical examination demonstrated tenderness over the cervical paraspinals and bilateral trapezii. Active range of motion of the cervical spine was decreased with flexion, extension and lateral rotation. Tenderness was noted over the lumbar paraspinals with spasm and over the bilateral buttocks. Active range of motion of the lumbar spine revealed decreased range of motion with flexion, extension and lateral bending. Straight leg raise was positive at 45 degrees bilaterally. Deep tendon reflexes were present and equal. Diagnoses included chronic strain/sprain of the cervical spine over spondylosis and chronic strain/sprain of the lumbar spine with degenerative disc disease. Treatment plan included

aquatic/pool therapy. The provider noted that the last formal therapy was over 10 years ago and she had been doing her home exercises. Authorization was requested for a urine drug screen at the next visit. A prescription of Norco was given. According to a progress report dated 04/22/2015, the provider noted that the injured worker was able to make more progress with aquatic therapy in the past. Weight bearing exercises caused more spine pain as she has disc degeneration and the impact from land therapy was not as beneficial as the aquatic therapy. The injured worker did not have a pool available and could not do her own therapy, as she was able to do in the past. Currently under review is the request for 8 aquatic therapy sessions for the cervical and lumbar spine 2 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic therapy sessions 2xwk: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. There is documentation or prior aquatic therapy; therefore, the injured worker should be able to continue the program at home without the assistance of a formal program. The request for 8 Aquatic therapy sessions 2 X Wk is determined to not be medically necessary.