

Case Number:	CM15-0096799		
Date Assigned:	05/27/2015	Date of Injury:	12/06/2005
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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 60 year old male, who sustained an industrial injury on 12/6/2005. He reported neck and back pain. The injured worker was diagnosed as having facetogenic neck pain, status post cervical spine fusion without hardware, pseudoarthrosis of the cervical spine, myelopathy, multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing, failed back syndrome, and multilevel disc herniations of the thoracic and lumbar spines. His treatment history included: cervical fusion (1989), and two left shoulder surgeries. Treatment to date has included medications, laboratory evaluations, TENS, magnetic resonance imaging of the lumbar spine (3/26/2015), cervical epidural injection (5/2012, and 11/7/2014), lumbar surgery (1/3/2013), acupuncture (20), chiropractic treatment (20), aqua therapy (16), and lumbar epidural (4/20/2012). The request is for aquatic therapy. On 4/3/2015, he complained of continued low back pain. He indicated a TENS unit to provide a 25% decrease in pain. He has been attending water therapy which he related helped to relieve his pain by 35-40%, and was less painful than traditional therapy. He is reported to be seeing a bariatric physician for weight loss. He reported seeing another physician for right shoulder and bilateral knee complaints. He has not worked since December 2005. He rated his pain 8-9/10 for his back and 8/10 for his neck. He reported having radiating pain into the bilateral lower extremities down to the feet, and daily headaches. Physical findings revealed upper extremity sensation intact, decreased sensation L3, L4, and L5 dermatomes on left and positive straight leg raise test bilaterally. The treatment plan included: spinal cord stimulator trial, TENS, medial branch block, updated magnetic resonance imaging of the lumbar spine, and water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: 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 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 aquatic therapy eight additional sessions is 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker working diagnoses are status post C6 C7 fusion without hardware; pseudo-arthritis at C6 C7; myelopathy; multilevel disc herniations cervical spine; failed back syndrome; multilevel disc herniations in thoracic and lumbar spine; and facetogenic neck pain. Documentation from April 3, 2015 progress note shows the injured worker received 16 aquatic therapy sessions. The injured worker also received 20 acupuncture and 20 chiropractic sessions. The treatment plan includes initiating a gym membership with ongoing pool therapy. There are no compelling clinical facts in the medical record indicating additional aquatic therapy is clinically warranted. Additionally, the treating provider feels a self-directed gym membership with pool therapy is appropriate and, as a result, additional aquatic therapy supervised is not clinically indicated. Consequently, absent compelling clinical documentation indicating additional aquatic therapy is warranted and anticipating a gym membership with ongoing pool therapy (unsupervised), aquatic therapy eight additional sessions is not medically necessary.