

Case Number:	CM13-0002139		
Date Assigned:	01/22/2014	Date of Injury:	10/12/1999
Decision Date:	05/22/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 59 year old male with date of injury on 10/12/1999. The patient has multi-issue complaints of neck and low back pain. Reports of multiple scans, conservative treatments with ice, rest, formal physical therapy, and interventional techniques have provided some help with claimant's pain. The patient is maintained on medications of Norco, Ibuprofen, and muscle relaxants (off and on). He has seen multiple orthopedists and interventionists over the 15 years since his injury. The request is for 8 sessions of Aqua therapy to help decrease pain and increase functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL AND AQUATIC THERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON AQUA THERAPY Page(s): 22.

Decision rationale: The patient is reported to have an increase in function and decrease in pain in the past with some conservative care. Aqua therapy has not been tried in this chronic pain patient. Despite being on a stable regimen of medication, the claimant still has a number of pain

issues and functional disability. It is reasonable to trial aqua therapy for the requested cervical problems and it may have the added benefit of helping some of his other issues as well. The aqua therapy is medically reasonable and as such, I am reversing the prior UR decision.