

<b>Case Number:</b>	CM13-0021069		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	02/07/1993
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The patient is a 54-year-old female with a date of injury of February 7, 1993. The patient has a diagnosis of neuralgia/neuritis. MRI records from October 2, 2013 show L5 - S1 mild to moderate disc height loss with a 3 mm broad-based disc protrusion. There is a note from 5/9/2012 requesting chiropractic care, traction, myofascial release, and laser cold therapy. There are no current notes except for a prescription for aquatic therapy. Notes from 1/16/2013 show cervicobrachial syndrome, radicular neuralgia and pain in the thoracic spine/muscle weakness. There is no information regarding current physical therapy or other current treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 3 times a week for 6 weeks for the neck, lumbar spine and bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine Page(s): 99.

**Decision rationale:** MTUS discusses aquatic therapy and states that the guidelines for physical medicine should be used to discuss quantity and duration of treatment. The Utilization Review

physician reportedly spoke with the primary treating physician, who recommended aquatic therapy because the patient was deconditioned. The request was meant for aquatic therapy without supervision, but could be modified for aquatic therapy to transition to physical therapy. MTUS only recommends 8-10 sessions of therapy for neuritis. This request exceeds that guideline. There is no indication the patient will benefit from the therapy, as there has not been a trial of therapy as the guidelines recommend to see if functional improvement is viable. Therefore, the requested 18 sessions of aquatic therapy is not appropriate.