

<b>Case Number:</b>	CM13-0030466		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/14/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 14, 2000. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a TENS unit; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for aquatic therapy, citing a lack of clearly documented benefit with previous aquatic therapy. The applicant's attorney subsequently appealed. In a clinical progress note of August 9, 2013, the attending provider noted that the applicant complained of persistent mild low back and neck pain. The patient exhibited tenderness and guarding about the paraspinal musculature. The patient self-reported that aquatic therapy and a TENS unit were previously beneficial. Permanent work restrictions were renewed. The applicant is asked to pursue additional aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for cervical and lumbar two (2) times a week for eight (8) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended in those applicants in whom reduced weight bearing is desirable, as, for instance, those individuals with extreme obesity. In this case, however, there is no mention of extreme obesity for which reduced weight bearing would be desirable. The applicant's weight and BMI were not detailed or described on the most recent office visit. It is further noted that the applicant has had prior unspecified amounts of aquatic therapy and has failed to demonstrate any clear benefit or functional improvement as defined in MTUS 9792.20f. The applicant does not appear to have returned to work. Permanent restrictions remain in place, unchanged, from visit to visit, arguing against functional benefit with prior aquatic therapy. Therefore, the request for additional aquatic therapy is not certified.