

<b>Case Number:</b>	CM13-0056293		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 43-year-old male who reported an injury after a slip and fall. The patient reportedly sustained injury to his low back. Previous treatments included medications, work restrictions, heat applications, a home exercise program, physical therapy, massage therapy, epidural steroid injections, and a TENS unit. The patient's most recent clinical documentation noted that the patient was a surgical candidate and required evaluation by a psychiatrist due to ongoing anxiety and depression. It was also recommended that the patient would benefit from Hispanic CDs to assist with relaxation techniques and coping skills for pain, depression, and anxiety. Request was also made for water aerobic activities to assist the patient in weight loss and core stability prior to surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 18 Sessions of Aquatic Physical Therapy for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22 and 99.

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

**Decision rationale:** The requested 18 Sessions of Aquatic Physical Therapy for the Lumbar Spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require non-weight-bearing environments. The clinical documentation submitted for review does indicate that the patient has difficulties participating in weight-bearing environment related activities. However, the clinical documentation did not include a physical assessment that included objective deficits that would benefit from any type of skilled physical therapy. There is no documentation that the patient is not able to continue to participate in a home exercise program that is self-directed and self-managed. As such, the requested 18 Sessions of Aquatic Physical Therapy for the Lumbar Spine is not medically necessary or appropriate.

**The request for 1 Set of Spanish Compact Discs (CD):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**Decision rationale:** The requested Set of Spanish Compact Discs (CD) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does support the use of cognitive behavioral therapy and self-managed coping strategies in the management of chronic pain. However, the clinical documentation submitted for review does provide evidence that the treating physician is recommending further psychological care to assist the patient with strategies in preparation for surgical intervention. The clinical documentation submitted for review does not provide any evidence of why the recommended psychological support could not assist the patient in a self-directed and self-managed coping mechanisms. As such, the requested 1 Set of Spanish Compact Discs (CD) is not medically necessary or appropriate.