

<b>Case Number:</b>	CM13-0067683		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; implantation of a spinal cord stimulator; various opioid and nonopioid analgesic and adjuvant agents; unspecified amounts of physical therapy and aquatic therapy over the life of the claim; prior cervical fusion surgery; and prior lumbar fusion surgery. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for eight sessions of aquatic therapy, citing non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. On November 7, 2013, the applicant is described as presenting with persistent 5-9/10 low back pain with associated lower extremity weakness. It was stated that aquatic therapy was helpful in terms of decreasing the applicant's pain and increasing mobility. The applicant did exhibit a slow and antalgic gait requiring usage of a cane. Myofascial tenderness, Lyrica, Norco, and Senna were renewed. The applicant was apparently given three to six months' worth of medications. The applicant was described as having completed four weeks of aquatic therapy. An earlier note of October 10, 2013 is also notable for comments that the applicant completed aquatic therapy over a year ago. It was stated that the applicant completed four weeks of aquatic therapy at an earlier point in time. Four additional weeks of treatment were therefore being sought. The applicant was consistently described as exhibiting a slow and antalgic gait requiring usage of a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) AQUATIC THERAPY SESSIONS FOR THE LUMBAR SPINE, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 99.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support aquatic therapy in those applicants in whom reduced weight bearing is desirable as, for instance, those individuals with extreme obesity, in this case, however, the applicant has seemingly had eight prior sessions of aquatic therapy in 2013 alone. It is unknown how much prior aquatic therapy the applicant has had over the life of the claim. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that recommendation on the number of visits for aquatic therapy should conform to the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various parts. In this case, the applicant has already had eight prior sessions of treatment in 2013 alone, seemingly consistent with the Guideline. There has been no demonstration of ongoing functional improvement which would justify further treatment beyond the Guideline. The applicant does not appear to have returned to work. The applicant remains highly reliant on various medications and treatments, including the spinal cord stimulator, Norco, Lyrica, the cane, etc. Thus, the applicant does not appear to have achieved any lasting benefit or functional improvement in terms of parameters established in MTUS 9792.20f despite completion of eight prior sessions of therapy in 2013 alone. Accordingly, the request for additional aquatic therapy is not certified, on Independent Medical Review.