

<b>Case Number:</b>	CM14-0106213		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Family 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 injured worker is a 59 year old male whose date of injury is 08/15/2013. The mechanism of injury is described as cumulative trauma. Diagnoses are cervical sprain and strain, myospasm, rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, lumbar sprain and stain and lumbar disc protrusion. Treatment to date includes 14 acupuncture sessions. Progress note dated 06/06/14 indicates that the injured worker complains of neck and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic/pool therapy 3 times a week for 4 weeks for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** Based on the clinical information provided, the request for aquatic/pool therapy 3 times a week for 4 weeks for cervical and lumbar spine is not recommended as medically necessary. There are no specific, time-limited treatment goals provided. There is no

clear rationale provided as to why reduced weight bearing is desirable. CA MTUS guidelines support aquatic therapy only when reduced weight bearing is desirable. Therefore, medical necessity of the requested therapy cannot be established in accordance with CA MTUS guidelines.