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| <b>Case Number:</b>   | CM14-0013779 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 12/10/2011 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 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:

Patient is a 42-year-old female who has submitted a claim for dysthymic disorder, facet syndrome, myofascial pain syndrome, and sacroiliitis associated with an industrial injury date of 12/10/2011. Medical records from 2013 were reviewed. Patient complained of pain at the hip, mid-back, leg, and low back areas. Pain radiated to the left lower extremity accompanied by weakness and numbness. She reported episodes of urinary incontinence. Patient appeared motivated to be involved with therapy, especially aquatic therapy, as it resulted to significant functional improvement in the past. There was also sustained pain relief two hours after each therapy. Physical examination showed left paraspinous tenderness with severe limitation of lumbar extension. Straight leg raise test and FABER sign were positive on the left. Motor strength of left L4 and L5 myotomes was graded 5-/5. Sensation was diminished at left L5 dermatome. Reflexes were normal. Treatment to date has included approximately 10 sessions of physical therapy, trigger point injection, SI joint injection, lumbar epidural steroid injection, and medications such as Percocet, Norco, Soma, Xanax, Benadryl, and Tylenol. Utilization review from 01/15/2014 denied the request for aquatic therapy because there was no noted functional improvement from the previous 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient previously underwent approximately 10 sessions of aquatic therapy. She reported significant functional improvement post-therapy. Re-enrollment to therapy is a reasonable option given that patient had persistence of pain and musculoskeletal deficits. However, there was no compelling circumstance presented as to why land-based therapy cannot suffice. Moreover, the request failed to specify the number of sessions and body part to be treated. Therefore, the request for aquatic therapy is not medically necessary.