

<b>Case Number:</b>	CM14-0174699		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work first claimed on December 10, 2012. The date of injury, it is incidentally noted, was incongruously reported at various points in the file. Some of the dates of injury stated included December 28, 2012, October 1, 2014 through February 23, 2012 (CT), and November 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, manipulative therapy, aquatic therapy, and acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The aquatic therapy at issue was apparently endorsed via a September 30, 2014 Request for Authorization (RFA) form. In a progress note of September 22, 2014, the attending provider noted that the applicant had had 14 sessions of physical therapy, 12 sessions of manipulative therapy, and 12 sessions of acupuncture at this particular facility. The applicant stated that she desired to pursue lumbar spine surgery. The applicant was using a multimodality transcutaneous electrotherapy device. It was stated that aquatic therapy had provided some transient symptom relief but that the applicant overall felt unchanged. A neurosurgery evaluation, psychology consultation, and continued usage of an interferential stimulator were endorsed, along with 12 sessions of aquatic therapy and Wellbutrin. The applicant was asked to remain off of work, on total temporary disability. In an earlier note dated August 11, 2014, the applicant was again placed off of work, on total temporary disability. The interferential unit, Naprosyn, Neurontin, Cymbalta, and Prilosec were endorsed while the applicant was kept off of work. The applicant was later described as using Wellbutrin at various points in the file, including on September 22, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 times a week for 6 weeks:** Upheld

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

**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 as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, it was not clearly established how, why, and/or if reduced weightbearing is, in fact, desirable here. The attending provider did not clearly outline why, how, and/or if reduced weightbearing would be valuable for the applicant's primary presenting complaint of chronic low back pain. It is further noted that the applicant has already received unspecified amounts of aquatic therapy at earlier points over the course of the claim, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, however, failed to profit from the earlier aquatic therapy treatment. The applicant remains off of work, on total temporary disability. The applicant is apparently in the process of pursuing a spine surgery consultation. The applicant remains dependent on various analgesic and adjuvant medications, including Neurontin, Wellbutrin, Naprosyn, Cymbalta, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of aquatic therapy. Therefore, the request for additional aquatic therapy is not medically necessary.