

<b>Case Number:</b>	CM14-0021737		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	10/08/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 47-year-old male with a 10/8/09 date of injury, when he fell down the stairs and injured his low back. Prior treatment has included physical therapy, chiropractic care, cervical, lumbar ESI, TENS unit, acupuncture, and medication. Current medications include hydrocodone and Relafen. Lumbar, Cervical, and lumbar imaging was reviewed. A 12/16/13 progress note described continuous neck, bilateral shoulder, and low back pain. There were also complaints of stress, anxiety, depression, insomnia, nervousness, and frustration. A 1/13/14 progress note described tenderness and spas in the cervical spine, as well as in the shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF AQUA RELIEF SYSTEM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder And Neck/Upper Back and Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, cryotherapy.

**Decision rationale:** Medical necessity for the requested aqua relief system is not established. MTUS/ACOEM guidelines support local applications of cold in the acute phase and thereafter

local applications of heat or cold. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient has a chronic injury, and there is no indication of recent surgical treatment. It is unclear why purchase of an aquatic therapy system is necessary, as opposed to ice/heat packs. The request is not substantiated.