

<b>Case Number:</b>	CM14-0036754		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, has a subspecialty in Pain Management, and is licensed to practice in New York and Texas. 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 63-year-old female who sustained an injury to her low back on October 24, 2013. The mechanism of injury was not documented. Plain radiographs of the lumbar spine revealed moderate degenerative changes at L5-S1 and minimal anterolisthesis of L4 on L5; slight to moderate degenerative changes with possible vacuum disc changes at T10-11; moderate degenerative facet changes from L4 to S1. The records indicate that the injured worker has completed at least 5 aquatic therapy visits with improved movement of the left knee and low back, but still complained of tingling in the left lower extremity. Physical examination of the lumbar spine noted tenderness to palpation over the bilateral paravertebral musculature, bilateral quadratus lumborum muscle, and lumbosacral joint; straight leg raising is positive on the left popliteal fossa; decreased sensation of the left lower extremity in a patchy distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight Aquatic Therapy sessions.:** 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 Aquatic therapy Page(s): 22.

**Decision rationale:** The previous request was denied on the basis that the injured worker had already been certified for twenty visits of this type of therapy since November 19, 2013. Despite this extensive care, the injured worker has shown no sustainable benefits; while it was understood that the injured worker reported benefit to mobility and strength, this care did not allow the injured worker to return to work, walk without assistive devices or decrease the need for narcotic pain medication. After reviewing the clinical documentation submitted for review, there was no additional significant information provided that would support reversing the previous adverse determination. Given this, the request for eight aquatic therapy visits is not medically necessary or appropriate.

**A weight loss program:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** The previous request was denied on the basis that it was initially recommended that an injured worker be counseled by their provider on how to achieve weight loss goals through diet and exercise. A review of the documentation does not indicate that the injured worker has received any instruction in this manner from her provider. Furthermore, the guidelines do not recommend a program aimed at weight loss. After reviewing the submitted clinical documentation, there was no significant objective clinical information provided that would support reversing the previous adverse determination. The request for a weight loss program is not medically necessary or appropriate.