

<b>Case Number:</b>	CM14-0069931		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 injured worker is a 67-year-old female who reported an injury on 08/16/2005 due to an unknown mechanism. On 11/22/2013, the physician diagnosed the injured worker with an L3 to L4 spondylosis, L2 to S5 severe lumbar stenosis, diabetes, and insomnia. The injured worker has completed 12 sessions of physical therapy. The injured worker noted that the therapy was painful to perform; however, she felt she got better range of motion from the therapy. The injured worker was using aquatic therapy, which she was paying for with her private funds and private insurance. The injured worker complained of low back pain rated 9/10. The injured worker ambulated with a walker. The physician noted that there was a decrease in range of motion and increase in pain with activities of daily living. The physician prescribed Norco and Ambien for the injured worker. The injured worker also sees a psychiatrist. The physician noted the medication covered pain and loss of sleep associated with pain. A final documented physician's visit on 01/31/2014 noted a complaint of continued, constant severe low back pain rated at 9/10 on the pain scale. The physician noted constant lumbosacral painful spasms, painful range of motion, and a decrease of motor and sensory perceptions to the bilateral lower extremities. The physician's treatment plan included recommendations for the injured worker to continue to see her psychiatrist, enter a weight loss program, follow-up with her surgeon, see a dentist for pain medicine related to pain due to dental decay, refill prescriptions for Norco and Ambien, immediately seek an evaluation with an internal medicine physician, and start aqua therapy. The provider recommended aqua therapy for the lumbar spine to enhance functional improvement and mobility. The request for authorization form was signed on 02/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Aquatic Therapy.

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

**Decision rationale:** The injured worker is a 67-year-old female who reported an injury on 08/16/2005 due to an unknown mechanism. On 11/22//2013, the physician diagnosed the injured worker with an L3 to L4 spondylosis, L2 to S5 severe lumbar stenosis, diabetes, and insomnia. The injured worker has completed 12 sessions of physical therapy. The injured worker noted that the therapy was painful to perform; however, she felt she got better range of motion from the therapy. The injured worker was using aquatic therapy, which she was paying for with her private funds and private insurance. The injured worker complained of low back pain rated 9/10. The injured worker ambulated with a walker. The physician noted that there was a decrease in range of motion and increase in pain with activities of daily living. The physician prescribed Norco and Ambien for the injured worker. The injured worker also sees a psychiatrist. The physician noted the medication covered pain and loss of sleep associated with pain. A final documented physician's visit on 01/31/2014 noted a complaint of continued, constant severe low back pain rated at 9/10 on the pain scale. The physician noted constant lumbosacral painful spasms, painful range of motion, and a decrease of motor and sensory perceptions to the bilateral lower extremities. The physician's treatment plan included recommendations for the injured worker to continue to see her psychiatrist, enter a weight loss program, follow-up with her surgeon, see a dentist for pain medicine related to pain due to dental decay, refill prescriptions for Norco and Ambien, immediately seek an evaluation with an internal medicine physician, and start aqua therapy. The provider recommended aqua therapy for the lumbar spine to enhance functional improvement and mobility. The request for authorization form was signed on 02/04/2014.