

<b>Case Number:</b>	CM14-0200815		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 32 year old male with an injury date of 02/10/14. In the progress report dated 10/15/14, the patient complains of constant spinal pain, especially in the mid lower lumbar area. The pain, however, radiates to the bilateral buttocks, thoracic and cervical spine, and to the area between the two shoulder blades. The pain is rated as 7-8/10 and is worsened with walking, bending, lifting and carrying. Relaxation helps alleviate the pain but only to a certain extent. Physical examination reveals palpable guarding and spasms along the cervical, thoracic and lumbar paraspinal musculature. There is palpable guarding and twitch response in bilateral gluteal muscles. Lumbar range of motion is painful with extension at only 50% of the normal. The patient has trialed medications and physical therapy without benefit. The patient has been allowed to return to work with restrictions, as per progress report dated 10/15/14. Diagnosis, 10/15/14: Lumbar, thoracic and cervical sprain with overlying muscle spasm. The treater is requesting for AQUATIC THERAPY TIMES 8 FOR CERVICAL SPINE, LUMBAR SPINE AND THORACIC SPINE. The utilization review determination being challenged is dated 11/06/14. Treatment report was provided for 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy times 8 for the cervical spine, lumbar spine and thoracic spine:** 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, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with constant spinal pain, especially in the mid lower lumbar area, that radiates to the bilateral buttocks, thoracic and cervical spine, and to the area between the two shoulder blades, as per progress report dated 10/15/14. The request is for Aquatic Therapy Times 8 for Cervical Spine, Lumbar Spine and Thoracic Spine. The pain is rated as 7-8/10, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only one progress report was provided for review. The treater states that the patient "needs to begin moving to reduce his myofascial pain..." The patient has received six sessions of land-based physical therapy, as per progress report dated 10/15/14. The sessions, however, did not produce the desired results due to the patient's "fear and pain." Hence, the treater is requesting for aquatic therapy. Nonetheless, MTUS guidelines recommend aquatic therapy only for individuals with weight-bearing issues such as those with knee problems or obesity. This patient's condition does not meet the specified criteria. This request IS NOT medically necessary.