

<b>Case Number:</b>	CM14-0205069		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 an industrial injury of December 12, 2009. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for eight sessions of hydrotherapy. The claims administrator stated that the applicant had had extensive physical therapy, manipulative therapy, injection therapy, 15 sessions of aquatic therapy over the course of the claim. An August 13, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a May 13, 2014 Medical-legal Evaluation, it was stated that the applicant was continuing to work for Sutter Medical Foundation on a full-time basis. The applicant was given a 13% whole-person impairment rating with ongoing complaints of low back pain. 5/5 bilateral lower extremity strength was appreciated. The applicant's gait was not clearly described. On May 21, 2014, the applicant was returned to regular duty work. The applicant was receiving aquatic therapy as of this point in time. The applicant exhibited a normal gait pattern, it was stated, despite some slight pain on heel and to ambulation. 2-7/10 pain was noted. On June 18, 2014, the applicant was asked to try and lose weight to ameliorate her low back pain. The applicant's gait was again described as normal. The applicant was, once again, asked to continue home exercise and return to regular duty work. On September 10, 2014, the applicant's gait pattern was again described as normal despite some slight pain exhibited on heel and toe ambulation. Additional physical therapy and regular duty work were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight hydrotherapy treatments over four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic; Physical Medicine topic Page(s): 22; 98.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it has not been clearly established how, why, and/or if reduced weight bearing is desirable here. The applicant is consistently described as exhibiting a normal gait pattern on multiple office visits, referenced above. The applicant's low back pain, thus, does not appear to be interfering with weight bearing activities, by all accounts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant has already returned to regular duty work and, by all accounts, appears to have minimal residual impairment about the lumbar spine. It has not been clearly established why the applicant cannot transition to self-directed home physical medicine at this late stage in the course of the claim, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.