

<b>Case Number:</b>	CM14-0207732		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 38 year old male with date of injury 06/04/10. The treating physician report dated 11/07/14 (13) indicates that the patient presents with chronic pain syndrome. The patient is currently prescribed Baclofen, Naproxen, Norco, Omeprazole, Duragesic, and Gabapentin. The physical examination findings reveal appearance of the extremities is somewhat abnormal. Palpation of the region reveals prominent areas of tenderness in the region concordant with the patient's described area of pain. Patient exhibits some reduced stability in their joints. Lateral rotation and extension of the spine produces concordant pain in the affected area. Prior treatment includes physical therapy and acupuncture. The current diagnoses are: 1. Lumbosacral and Cervical Spondylosis without Myelopathy 2. Cervicalgia 3. Myalgia and Myositis not otherwise specified 4. Chronic pain syndrome 5. Dysthymic Disorder 6. Tobacco use Disorder 7. Osteoarthritis not otherwise specified unspecified site 8. Lumbar or Lumbosacral Disc Degeneration 9. Sleep Disturbance not otherwise specified 10. Encounter for long-term use of other medications. The utilization review report dated 11/17/14 denied the request for aqua therapy based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy, 12 Sessions for the Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 back pain. The current request is for pool therapy 12 sessions for the cervical and lumbar spine. The treating physician indicates that the current request, "will significantly help reduce his pain and make him more functional with his activities and able him to walk longer distances." The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request goes above the limit as outlined in the MTUS guidelines. Therefore, this request is not medically necessary.