

<b>Case Number:</b>	CM15-0140429		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/03/2001
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on 10-03-2001, while pulling metal bars. The injured worker was diagnosed as having cervical stenosis, status post cervical laminoplasty, neck pain, low back pain, and post-operative urological issues. Treatment to date has included diagnostics, epidural injections, lumbar spinal surgeries, transcutaneous electrical nerve stimulation unit, acupuncture, aquatic therapy (progress notes not included), cervical spinal surgery on 1/13/2015, and medications. Currently (6/29/2015), the injured worker complains of pain in his neck and continued low back problems. He was through 12 sessions of aquatic therapy and found it helpful. It was documented that he was authorized for an additional 12 sessions. Exam noted his ability to walk straight and upright, using a cane for stability. The treatment plan included 12 sessions of aquatic therapy. His work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of aquatic therapy for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

**Decision rationale:** The claimant sustained a work-related injury in October 2001 and is being treated for neck and low back pain. When seen, he was 6 months status post cervical spine surgery. There was decreased cervical spine range of motion. He was using a cane. He had completed 12 aquatic therapy sessions. The claimant's BMI is over 28. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and uses a cane and pool exercises would likely be appropriate. However, transition to an independent pool program would be expected and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.