

<b>Case Number:</b>	CM15-0142476		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 38-year-old female who sustained an industrial injury on April 17, 2014 resulting in neck and low back pain including impaired range motion. She is diagnosed with cervicalgia, cervical and lumbar degenerative disc disease, myalgia, lumbar facet dysfunction, and sacroiliac joint dysfunction. Treatment has included acupuncture which she has reported as being helpful, a TENS unit, home exercise, medication which she stopped taking due to unwanted side effects, and aquatherapy which she reported as being effective in helping to manage symptoms. The injured worker continues to present with chronic pain which she says interferes with activities of daily living, and she is having trouble sleeping. The treating physician's plan of care includes 12 sessions of aquatherapy. Last documentation provided regarding work status was September, 2014, stating she was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy two times six for the cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua 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: p87.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and is being treated for neck and low back pain. Prior treatments have included medications, TENS, and physical therapy including aquatic therapy. When seen, there was spinal tenderness with muscle spasms. Recent imaging results were reviewed. Additional aquatic therapy is being requested. 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 has lumbar facet arthritis and has already undergone aquatic therapy with reported benefit. Transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.