

<b>Case Number:</b>	CM15-0184254		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/08/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 21-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for 16 sessions of aquatic therapy. The claims administrator referenced an August 14, 2015 RFA form and an associated August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing complaints of chronic low back pain. The applicant exhibited full and painless lumbar range of motion. The applicant aroused "fluidly/quickly," the treating provider reported. The applicant's BMI was 31. Tylenol with Codeine and Flexeril were endorsed. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2x week x 8 weeks for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** No, the request for 16 sessions of aquatic therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. 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, here, however, it was not clearly established that reduced weight bearing was/is, in fact, desirable. The August 13, 2015 office visit at issue stated that the applicant aroused "fluidly/quickly." The applicant exhibited a full and painfulness range of motion about the lumbar spine, it was reported. The applicant's seemingly normal gait, thus, argued against the need for aquatic therapy here. It is further noted that the 16-session course of treatment at issue, in and of itself, represented treatment in excess of 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of body parts, i.e., the diagnosis reportedly present here. Therefore, the request is not medically necessary.