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| <b>Case Number:</b>   | CM15-0050911 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 06/29/2006 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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 65-year-old female, who sustained an industrial injury on June 29, 2006. She has reported sciatic pain. Diagnoses have included right sacroiliac radiculopathy, spinal stenosis, lumbar facet syndrome, and spondylolisthesis. Treatment to date has included medications, injections, acupuncture and aqua therapy. A progress note dated February 26, 2015 indicates a chief complaint of sciatic pain that had improved with aqua therapy. The treating physician documented a plan of care that included additional aqua therapy, Biofreeze, and a shower chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aqua Therapy X6 Visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

**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.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic sciatic pain. Treatments have included a trial of aqua therapy with significant improvement after 6 sessions. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, when assessed by the treating provider there had been significant benefit. Transition to an independent pool program would be an expected goal of additional treatments. Therefore, the request was medically necessary. (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.