

<b>Case Number:</b>	CM14-0151204		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 and Rehabilitation 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 underlying date of injury in this case is 06/14/2011. The date of the utilization review under appeal is 08/28/2014. The treating diagnoses include cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, and lumbar sprain/strain. On 08/14/2014, the patient was seen in primary treating physician followup. The patient was seen by a covering physician in the absence of the patient's usual primary treating physician. The patient complained of pain in the cervical and lumbar spine. On exam there was tenderness to palpation of the bilateral upper trapezius and cervical paravertebral muscles with spasm of the cervical paravertebral muscles. There was also tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, and sacrum. There was muscle spasm in the lumbar paravertebral muscles. There was decreased lumbar range of motion by 20% in all directions. The treating physician's plan included a request for aquatic therapy 1-2 times per week and an MD physician consultation for medication management, as the treating/covering physician's specialty was chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aqua Therapy 2 times a week for 4 weeks for Lumbar and Cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** This patient has received aquatic therapy treatments. The covering physician in this case has not discussed the past aquatic therapy; the rationale for additional supervised, rather than independent, rehabilitation is not apparent at this time. This request is not medically necessary.