

<b>Case Number:</b>	CM14-0212362		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/08/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 52 year old female with an injury date of 12/08/99. Based on the 06/20/14 progress report, the patient complains of diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. She describes the pain as an aching and a lancinating sensation. She has a history of chronic pain syndrome, depression, dyspepsia, hypertension, insomnia, myofascial pain, obesity, opiate tolerance, and osteoarthritis. There are no positive exam findings provided on this report. The 09/12/14 report states that the patient has difficulty sleeping despite current treatment. She has a compromised mood due to her painful condition. No exam findings were provided on this report. She is currently taking Cymbalta, Protonix, Topamax, Oxycodone HCl, Hydrochlorothiazide, Metoprolol, and Ritalin. The patient's diagnoses include the following: 1.Lumbar or lumbosacral disc degeneration 2.Cervical disc degeneration 3.Thoracic or lumbosacral neuritis or radiculitis not otherwise specified 4.Cervicalgia 5.Obesity not otherwise specified 6.Depressive disorder not elsewhere classified 7.Chronic pain syndrome 8.Osteoarthritis not otherwise specified unspecified site 9.Myalgia and myositis not otherwise specified 10. Sleep disturbance not otherwise specified 11.Electronic prescribing enabled 12. Encounter for long-term use of other medications 13. Pain in joint of multiple sites 14. Pain in joint of pelvic region and thigh. The utilization review determination being challenged is dated 12/03/14. There are two treatment reports provided from 06/20/14 and 09/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Sessions of aquatic therapy for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy/Physical medicine Page(s): 22, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22; 98-99.

**Decision rationale:** The patient presents with diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. The request is for 12 SESSIONS OF AQUATIC THERAPY FOR LUMBAR SPINE. Review of the reports provided does not indicate if the patient had any prior aquatic therapy. The report with the request is not provided nor is there any discussion regarding the request. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, there is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mention if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Furthermore, the treater is requesting for 12 sessions of aquatic therapy which exceeds what is allowed by MTUS guidelines. The requested aquatic therapy IS NOT medically necessary.