

<b>Case Number:</b>	CM13-0019835		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/24/1996
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 56-year-old female who reported an injury on 10/24/1995 after she had transferred a resident from a bed to a chair, which reportedly caused injury to the patient's low back. The patient's treatment history included multiple surgical interventions, activity modification, physical therapy, a TENS unit, chiropractic care, a chronic pain management program, medial branch blocks, epidural steroid injections, a back brace and spinal cord stimulator implantation followed by removal due to a lack of pain control. The patient's most recent clinical evaluation documented that the patient had a severe exacerbation of back pain, rated at a 7/10. It was noted that the patient had 85% pain control with medications, and the patient's pain was responsive to the use of a TENS unit. Physical findings included restricted range of motion secondary to pain, positive left-sided facet loading and tenderness to the paraspinal musculature. The patient's diagnoses included radiculitis, insomnia and postlaminectomy syndrome. The patient's treatment plan included aqua therapy, physical therapy for improved gait training and an additional TENS unit trial as well as the continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy one (1) - two (2) times a week for twelve (12) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 22, 111-113.

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

**Decision rationale:** The requested aqua therapy 1 to 2 times per week for 12 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who would benefit from a nonweightbearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient has failed to respond to multiple conservative treatments and surgical interventions and would benefit from a nonweightbearing environment as the patient has chronic severe low back pain. The clinical documentation submitted for review does not provide any evidence that the patient has had any aquatic therapy prior to the request. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical active therapy for patients with radiculopathy and myofascial pain. The request as it is written is for 1 to 2 visits for 12 weeks, which exceeds the guideline recommendations. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested aqua therapy 1 to 2 times a week per week for 12 weeks is not medically necessary or appropriate.