

<b>Case Number:</b>	CM13-0026981		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine 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 patient is a 65 year old female who was injured on 09/10/2002. The mechanism of injury is unknown. Prior treatment history has included joint injections. The patient presented to the office on 08/24/2013 with low back pain but no other objective findings were documented. Many of the progress notes that have been provided are illegible. According to the UR, the patient was seen on 05/21/2013 and she received bilateral SI joint injections; the outcome is not documented. She had tenderness of the lumbar spine and SI joints. She was diagnosed with FBSS of the lumbar spine, lumbar spine radiculitis and chronic low back pain with neuropathic pain. She was recommended for aquatic therapy 3 times a week to lifetime for the lumbar spine. Prior utilization review dated 06/25/2014 states the request for Aquatic Therapy 3 X Week to Lifetime for the Lumbar is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3 X week to lifetime for the Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Aquatic Therapy.

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

**Decision rationale:** According to MTUS 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 the effects 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." This is a request for aquatic therapy 3 times per week for lifetime for a 65-year-old female with chronic pain. However, medical records do not establish a need for reduced weight-bearing. Further, guidelines recommend only up to 10 visits of therapy for acute exacerbations in cases where prior functional improvement is demonstrated. Lifetime therapy treatment is not recommended. Medical necessity is not established. Therefore, the request is not medically necessary.