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| <b>Case Number:</b>   | CM13-0030268 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 03/03/2008 |
| <b>Decision Date:</b> | 01/14/2014   | <b>UR Denial Date:</b>       | 09/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 internal medicine, has a subspecialty in pulmonary diseases, 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.

### 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 45-year-old who reported injury on 03/03/2008. The mechanism of injury was noted to have occurred from lifting a heavy trash can. The patient was noted to have a lumbar fusion L4-S1 on 01/14/2011. The patient was noted to be participating in aquatic therapy with temporary relief of symptoms. The diagnosis were noted to include failed back surgery syndrome, chronic pain syndrome and chronic low back pain. The plan was noted to include aquatic therapy for the lumbar back, three times per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar back, three times per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

**Decision rationale:** The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. Clinical documentation submitted for review indicated the patient had back pain

and had been participating in aquatic therapy. However, it failed to indicate the number of sessions that the patient had participated in and the functional benefit for the patient as it was noted that the patient had temporary relief of the symptoms with the therapy. Additionally, it failed to provide the necessity for water based activity versus land based. The request for aquatic therapy for the lumbar back, three times per week for six weeks, is not medically necessary or appropriate.