

<b>Case Number:</b>	CM13-0034922		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/07/2000
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 68 year old female who reported an injury on 07/07/2000. The mechanism of injury was not submitted. The patient was diagnosed with chronic low back pain status post laminectomy. The clinical documentation submitted for review dated 06/10/2013 stated the patient continued to complain of low back pain with radiating pain down the right leg intermittently when standing up. The physical examination revealed muscle strength 5/5 for all groups in the lower extremities and tenderness to palpation. The patient stated she would like therapy to avoid injections. The patient stated she was having an increase in pain and aquatic therapy helped her with her pain previously. The physical therapy noted dated 02/13/2013 had decreased range of motion and strength in the lumbar spine. The patient has been treated with medication, physical therapy and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The documentation does not meet the guideline recommendations. The patient complained of low back pain status post a laminectomy. The pain radiated down the right leg intermittently when standing up. CA MTUS does recommend aqua therapy as an option of physical therapy as an alternative to land-based therapy as aquatic therapy can minimize the effects of gravity , so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. However, no objective clinical documentation was submitted indicating continued functional deficits, functional improvements or the duration of the therapy the patient received. Also, CA MTUS recommends a home exercise program as an extension of physical therapy and no clinical documentation was submitted indicating if the patient is participating in a home exercise program. As such, the request is non-certified.