

<b>Case Number:</b>	CM13-0035016		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/22/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 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 45-year-old female who reported a work-related injury on 10/22/2009, specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnoses, myalgia, myositis, lumbar disc displacement, neuralgia, neuritis, lumbosacral neuritis, migraine headache, chronic myofascial pain syndrome, depression, and status post spinal surgery as of 09/05/2012. The clinical note dated 10/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports severe constant low back pain radiating into the mid back area. The patient rated pain at 7/10 to 8/10. The provider documented upon physical exam of the patient, motor strength was noted to be 5/5 throughout, range of motion of the lumbar spine was restricted and tenderness upon palpation of the lumbar and facet joint areas at L4-5 and L5-S1 was noted. The provider documented a recommendation for the patient to undergo diagnostic medial branch blocks at the L4-5 level, rendering of prescriptions for Tylenol No. 3, ibuprofen, Zanaflex, Neurontin, and Prilosec were noted. The provider documented the patient would continue range of motion stretching, strengthening and spine stabilization home exercises.

### 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 spine (8 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient has utilized multiple sessions of supervised therapeutic interventions for her lumbar spine pain complaints. The most recent clinical notes submitted for review with physical exam of the patient reported the patient was recommended to continue utilization of an independent home exercise program which would be indicated at this point in the patient's treatment. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for aquatic therapy for the lumbar spine is not medically necessary or appropriate.