

<b>Case Number:</b>	CM13-0043747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/17/1983
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 58 year-old female with a 9/17/1983 industrial injury claim. According to the 10/1/13 report from [REDACTED], the patient presents with chronic low back pain. The diagnostic impression is status post 1986, 1989, 1991 probable L4/5 and L5/S1 laminectomies; severe L4/5 and L5/S1 degenerative disc disease with probable central and foraminal narrowing contributing to right L4 and L5 radicular pain and numbness; and long-term opiate use. [REDACTED] recommends pool exercise 3 times a week for 6 months at [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POOL EXERCISE THERAPY, THREE TIMES PER WEEK OVER SIX MONTHS:**

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 Page(s): 22, 98-99.

**Decision rationale:** According to the 10/1/13 report from [REDACTED], the patient presents with chronic low back pain. [REDACTED] recommends pool exercise 3 times a week for 6 months at

██████████. The patient was reported to be obese, and does have necessity for aquatic therapy. However, for the duration and frequency of aquatic therapy, MTUS refers readers to the physical medicine section. The MTUS under physical medicine recommends 8-10 sessions for various myalgias and neuralgias. The request for aquatic therapy 3 times a week for 6 months exceeds the MTUS recommendations. The request is noncertified.