

<b>Case Number:</b>	CM13-0046451		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice, and is licensed to practice in 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 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 injured worker is a 57-year-old female who reported an injury on 06/13/2012. The mechanism of injury was not provided. The diagnosis included osteoarthritis unspecified whether general or localized unspecified site. The documentation of 09/18/2013 revealed the injured worker had distal low back pain with hardware-related pain. The examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles with probable hardware at the distal aspect. There was no neurologic deficit in the lower extremities. The diagnoses were noted to be status post L4-S1 posterior lumbar interbody fusion and retained symptomatic lumbar spine hardware. The treatment plan included continuing with a course of aquatic therapy 2 times a week for the next 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY, 2 X 4, FOR THE LUMBAR SPINE:** 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 AND 98, 99..

**Decision rationale:** California MTUS 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 to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. The clinical documentation submitted for review failed to indicate the injured worker had necessity for reduced weight bearing. There was lack of documentation indicating the quantity of sessions that have previously been attended and the objective functional benefit that was received from the sessions. The request as submitted failed to indicate an objective physical examination to support the necessity for ongoing therapy. Given the above, the request for aquatic therapy 2x4 for the lumbar spine is not medically necessary.