

<b>Case Number:</b>	CM13-0046654		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 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 56-year-old female who reported injury on 03/11/2010. The mechanism of injury was not provided. The patient was noted to be status post anterior discectomy and lumbar fusion at L4-5 and L5-S1 in 2001. The patient was noted to have a flare-up of symptoms and the patient indicated they had success with aqua therapy in the past. The patient's diagnoses were noted to include lumbar disc degeneration, lumbar radiculopathy, lumbar myofascial pain syndrome, and lumbar back pain. The request was made for an additional aqua therapy 2 times a week for 6 weeks. &ccedil;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatherapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain 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 Neuralgia, neuritis, and radiculitis

is 8-10 visits. The clinical documentation submitted for review indicated the patient had prior aqua therapy. However, it failed to indicate the patient had a necessity for reduced weight bearing and it failed to document the patient's functional response to the prior therapy. There was a lack of documentation indicating the number of sessions the patient had previously participated in. Given the above, the request for additional aqua therapy 2 times a week for 6 weeks is not medically necessary and appropriate.