

<b>Case Number:</b>	CM13-0059865		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and is licensed to practice in Illinois. 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 27-year-old female who reported injury on 09/10/2011. The mechanism of injury was not provided. The documentation of 07/10/2013 revealed the injured worker had muscle spasms in the low back and legs. The injured worker indicated low back pain had decreased by 60% since she had a lumbar RFA. The physical examination revealed the injured worker had lumbosacral spinal tenderness to palpation. The diagnoses included back pain, lumbar with radiculopathy right; and degenerative facet and disc disease of the lumbar spine, as well as lumbar disc displacement. The treatment plan included a trial of Skelaxin and Aqua Therapy twice a week for 16 weeks, as it is an atraumatic, gentle, warm cardiac and resistance exercise, beneficial for stretching and strengthening, so as to aid in chronic pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 2 TIMES PER WEEK FOR 12 WEEKS FOR THE LUMBAR SPINE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 53.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 122,98-99.

**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 Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to indicate a necessity for 24 visits of aquatic therapy. There was a lack of documentation indicating there was a necessity for reduced weight bearing. The request would be excessive. Given the above, the request for Aqua Therapy 2 times per week for 12 weeks for the lumbar spine is not medically necessary and appropriate.