

<b>Case Number:</b>	CM13-0067247		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 & 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 40-year-old female who reported an injury on 01/31/2003. The injury reportedly occurred after resetting 9 to 10 table displays and developed pain in her low back. She is diagnosed with post lumbar laminectomy syndrome, low back pain, fibromyalgia and myositis, muscle spasm, and mood disorder. On 10/22/2013, the injured worker saw her treating physician with complaints of low back pain with radiation down both lower extremities. Her medications were noted to include clonazepam 1 mg 3 times daily, Ambien 10 mg at bedtime, Dexilant 60 mg daily, Soma 350 mg every 8 hours, Dilaudid 4 mg 4 times a day as needed, MS Contin 30 mg every 12 hours, and ranitidine 150 mg. Her surgical history was noted to include an L3 to S1 fusion on 10/21/2008, a radiofrequency ablation on 09/30/2013, and a spinal cord stimulator trial on 08/18/2011. Her physical examination findings were noted to include restricted range of motion in the lumbar spine, significant pain and guarding upon examination, and significantly decreased motor strength to 2/5 in the bilateral lower extremities. A recommendation was made for aquatic therapy 2 to 3 times per week for 6 weeks. A request for authorization form with the date of request was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TO THE LUMBER SPINE FOR 12 TO 18 SESSIONS, TWO TO THREE TIMES A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

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

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy may be recommended as an optional form of exercise therapy when reduced weight bearing is desired. Based on the clinical information submitted, the injured worker has significant pain related to her low back with radiation to the lower extremities, decreased range of motion, and decreased motor strength in the bilateral lower extremities with difficulty with ambulation. Therefore, aquatic therapy may be supported, as reduced weight bearing would decrease her pain with activity. However, the request for 12 to 18 visits far exceeds the Guideline recommendations for a total of 8 to 10 visits over 4 weeks for the treatment of unspecified radiculitis. Therefore, the request for aquatic therapy to the lumbar spine for 12 to 18 sessions is non-certified.