

<b>Case Number:</b>	CM13-0067750		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 33-year-old male with a date of injury of 11/17/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar spine herniated nucleus pulposus. 2. Insomnia. 3. Stress. 4. Anxiety. According to the report dated 09/26/2013 by [REDACTED], the patient presents with complaints of constant pain in his low back. The patient rates the severity of his pain as 6/10 without medication or therapy and 5/10 with the aid of medication only. Physical examination of the lumbar spine demonstrates tenderness to palpation more pronounced over the left paraspinal area associated with muscle guarding. The treating physician notes the patient has benefited from current medication regimen and therapy and requests an additional 8 sessions of aquatic therapy. Utilization review denied the request on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 ADDITIONAL SESSIONS OF AQUATIC THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Effective July 18, 2009.

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

**Decision rationale:** This patient presents with continued low back pain. The treating physician is requesting 8 additional sessions of aquatic therapy. The medical record provided for review does not indicate the exact number of aquatic therapy the patient has received to date. There is a pool treatment program report from [REDACTED] Sports Rehabilitation Center from 11/19/2013. This report indicates an aquatic therapy program is in place; however, the number of treatments is not indicated. The MTUS Guidelines, page 22, recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS page 98 and 99, under physical medicine, recommends 9 to 10 sessions for various myalgia- and myositis-type symptoms. The patient has received prior aquatic therapy treatment and the number of sessions received and the outcome of the treatments is unknown. The treating physician only mentions that water therapy has been helpful. MTUS allow 10 sessions only for the type of condition this patient is suffering from. MTUS also do not recommend water therapy unless there is extreme obesity or reduced weight-bearing was needed. The patient should transition into home exercise program given the patient's recent therapy. Recommendation is for denial. The 8 additional sessions of Aquatic Therapy is not medically necessary and appropriate.