

<b>Case Number:</b>	CM14-0002298		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 32 year-old male Deputy Sheriff who was injured on 3/24/10 when he was lifting a bag of heavy equipment from the patrol car. He was off work and undergoing conservative care without significant benefit. He underwent L4/5 decompression and right L5 and S1 foraminotomies on 5/2/13. He has been diagnosed with: s/p L4/5 decompression, 5/2/13; congenital spinal stenosis; chronic thoracic strain; lumbar spinal stenosis; lumbosacral neuritis. According to the 11/4/13 orthopedic report from [REDACTED], the patient is now about 6-months post-op and going through PT, but feels it is not helping him. The patient wants an FCE. [REDACTED] states he should finish the PT and recommends a course of aquatic therapy to take the gravity out.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 2X4WKS; LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient presents with low back pain. He underwent L4/5 decompression and L5, and S1 foraminotomy on 5/2/13. The patient is reported to be going through PT, and was 2-days out from the end of the California MTUS 6-month post-surgical physical medicine treatment time period, when the physician requested aquatic therapy x8. The patient felt the land-based postsurgical PT did not help and the physician wants to try PT with reduced weight-bearing. California MTUS states aquatic therapy is an option when reduced weight-bearing is desirable. California MTUS states that for the specific number of sessions, to see the Physical Medicine section. Under the physical medicine section, California MTUS recommends 8-10 sessions of therapy for various myalgias and neuralgias. The request for 8 sessions of aquatic therapy is outside the postsurgical timeframe, so the California MTUS chronic pain guidelines apply. The request appears to be in accordance with the California MTUS chronic pain guidelines.