

<b>Case Number:</b>	CM14-0004008		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51 year old female with an injury reported on 07/07/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/06/2013, reported that the injured worker was recently diagnosed with left-sided Bell's palsy. Per the examination report of the lumbar spine, the injured worker was noted to have tenderness per palpation over the paravertebral musculature, and decreased range of motion with flexion and extension. Neurologic examination reported the injured worker had decreased sensation in the L4 and L5 dermatomes. The injured worker's diagnoses included lumbar disc disease and postlaminectomy syndrome of the lumbar spine, and left sided Bell's palsy. The request for authorization was submitted on 12/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW FOR ACQUATIC THERAPY FOR LUMBAR SPINE X 8 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Aquatic Therapy Page(s): 22.

**Decision rationale:** The retrospective request for aquatic therapy for the lumbar spine x 8 visits is not medically necessary. Per the examination report of the lumbar spine, the injured worker was noted to have tenderness per palpation over the paravertebral musculature, and decreased range of motion with flexion and extension. According to the Chronic Pain Medical Treatment Guidelines aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The provider did not indicate a rationale for the injured worker's need for aquatic therapy. Within the clinical note, it was noted under musculoskeletal; the injured worker denied problems except those associated with her injury. It was unclear if the injured worker had significant functional deficits related her injury. It was noted that the injured worker's pain is controlled with pain medications. The clinical information also lacked a rationale as to why the injured worker could not perform physical therapy or home based exercises. It was unclear why the injured worker would require aquatic therapy as opposed to land based therapy. Therefore, the request for retrospective review for aquatic therapy for lumbar spine times 8 visits is not medically necessary.