

<b>Case Number:</b>	CM14-0008262		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 40 year old female with an injury date of 05/19/04. Based on the 12/05/13 progress report provided by [REDACTED] the patient complains of moderate to severe pain and numbness in her lower back. The patient's diagnoses include the following: Lumbar region, Disorders of sacrum, status/post discectomy and fusion at L3-L4 (May 2012) [REDACTED] [REDACTED] is requesting for a trial of aqua therapy and pool exercises 2 x a week for 8 weeks to decrease low back pain. The utilization review determination being challenged is dated 01/17/14. The rationale is that only 9-10 sessions is allowed for myalgia and myositis and the requested 12 sessions exceeds that. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/13- 01/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF AQUA THERAPY AND POOL EXERCISES 2X A WEEK FOR 8 WEEKS TO DECREASE LOW BACK PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

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

**Decision rationale:** The patient is a 40 year old female with an injury date of 05/19/04. Based on the 12/05/13 progress report provided by [REDACTED] the patient complains of moderate to severe pain and numbness in her lower back. The patient's diagnoses include the following: Lumbar region, Disorders of sacrum, status/post discectomy and fusion at L3-L4 (May 2012) [REDACTED] is requesting for a trial of aqua therapy and pool exercises 2 x a week for 8 weeks to decrease low back pain. The utilization review determination being challenged is dated 01/17/14. The rationale is that only 9-10 sessions is allowed for myalgia and myositis and the requested 12 sessions exceeds that. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/13- 01/30/14.