

<b>Case Number:</b>	CM14-0102903		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 & 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 44-year-old female with a date of injury of 04/04/2008. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain. 2. S/P ACDF C5 to C7, 2011. 3. Residual osteophyte/disk C3-C4. According to progress report 05/28/2014, the patient complains of upper back pain with numbness and tingling of the right upper extremity. The patient indicates she has completed 2 out of the 10 physical therapy sessions. The patient is requesting pool therapy as well for her low back pain and radiculitis to the right lower extremity. Examination of the cervical spine revealed tenderness of the bilateral upper trapezius and scalenes and paresthesia of the fingertips 3 and 4. Examination of the lumbar spine revealed decreased range of motion. Review of systems was positive for weight gain. The patient is to return to modified work with restrictions. The treater is requesting 8 aquatic therapy sessions for the lumbar spine. Utilization review denied the request on 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Aquatic Therapy sessions:** Upheld

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

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

**Decision rationale:** This patient presents with upper low back pain. The patient is requesting aquatic therapy for her low back pain and radiculitis to the right lower extremity. MTUS 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 number of treatments MTUS page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. The treater has noted, the patient has been authorized for 10 physical therapy sessions and has currently completed 2 of those sessions. The treater is now requesting 8 aquatic therapy sessions for the lower back. In this case, the treater does not discuss why the patient would not be able to tolerate land-based therapy. Furthermore, the patient does not present with weight-bearing restriction such as extreme obesity to consider aqua therapy. The request is not medically necessary.