

<b>Case Number:</b>	CM14-0011246		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Pain Medicine 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 59 year old male with a date of injury on 5/5/2000. He has low back pain with radiation down to legs intermittently. He is diagnosed with lumbar disc degeneration, spondylosis, myalgia and lumbosacral neuritis. He was previously approved for 12 PT sessions. The claimant is noted that he has continued to show improvement in LBP. He has been taking Oxycodone, Neurontin, Norco, Lidoderm, Soma, and compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2X6 LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** Aqua therapy is an option form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, as it is specifically recommended where reduced weight bearing is desirable. The medical records, however, does not show as to why the patient cannot participate in land therapy or if there is any need for aquatic therapy such as obesity. Also, there are limited evidence with respect to functional

deficits submitted for review to warrant the need for any rehabilitation therapy. Furthermore, continued therapy is indicated when there is improvement in the objective measurements (i.e. pain level, ROM or strength). However, there are no records of PT notes to demonstrate any improvement in the objective measurements. Therefore, the medical necessity of the requested service is not established.