

<b>Case Number:</b>	CM14-0011559		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 50-year-old female was reportedly injured on May 3, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 16, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated diffuse tenderness over the lumbar spine and decreased sensation at the bilateral S1 nerve root distribution. Diagnostic imaging studies of the lumbar spine indicated degenerative disc disease at L5-S1 with a disc herniation at this level. Previous treatment included transforaminal epidural steroid injections and physical therapy. A request was made for aquatic therapy and was not certified in the pre-authorization process on January 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL AQUATIC THERAPY 2 X 6 ON THE LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

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

**Decision rationale:** According to the progress note dated December 16, 2013, this request for aquatic therapy is intended to accompany a land-based postoperative physical therapy treatment program at any postoperative setting, after lumbar spine surgery. However, there is no documentation of an approved or upcoming lumbar spine surgery. Additionally, it is unclear why both land-based and aquatic physical therapy are requested at the same time. Therefore, this request for aquatic therapy twice a week for six weeks for the lumbar spine is not medically necessary.