

<b>Case Number:</b>	CM14-0157210		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery on November 22, 2011; and opioid therapy. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for eight sessions of aquatic therapy. The applicant's attorney subsequently appealed. In an August 5, 2014 progress note, the applicant reported mild low back pain radiating to the left leg. The applicant exhibited highly variable lower extremity strength ranging from 3 to 5/5. Eight sessions of aquatic therapy were sought. The applicant stated that Lyrica and earlier aquatic therapy had proven effective. The applicant was returned to regular duty work as a Deputy Sheriff. In an applicant questionnaire dated May 29, 2014, the applicant rated her pain scores and associated impact on activities of daily living as 0 to 2/10, implying that the applicant was able to perform activities of the daily living and that her pain was not interfering her ability to perform activities of daily living. The applicant was able to ride a stationary bike, she acknowledged, and was able to sleep appropriately, was able to lift, carry, negotiate stairs, stand, and walk without difficulty, she acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2x4 (Lumbar Spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant is independently ambulatory. The applicant does not have any documented gait deficits, which would preclude participation in land-based therapy. The applicant is able to convey herself to and from physician office visits of her own accord and is able to stand and walk without impediment, as she acknowledged in her own questionnaire of May 2014. Therefore, the request for eight sessions of aquatic therapy is not medically necessary.