

<b>Case Number:</b>	CM14-0174824		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family 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:

53 year old female claimant sustained a work injury on 12/24/03 involving the low back. She was diagnosed with lumbar disc disease and underwent a L3-S1 discectomy and fusion in 2/20/14. She had undergone 15 sessions of aqua therapy after the surgery and used oral analgesics. A progress note on 8/4/14 indicated the claimant had a positive straight leg raise, tenderness in the paraspinal region and an improving antalgic gait. She was able to sleep at night. She had stopped aqua therapy because the facility lost the contract the physician requested an additional 8 sessions of post-op aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Aqua Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

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

**Decision rationale:** According to the MTUS guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The amount of sessions recommended is up to 10 sessions as per the physical medical guidelines. The

claimant had already completed 15 sessions. The operation was 6 months prior. The request for 8 sessions of aqua therapy is not medically necessary.