

<b>Case Number:</b>	CM14-0021542		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 55 year old with an injury date on 11/18/09. Exam on 1/17/14 showed diffuse moderate TTP over lumbosacral spine. Lumbar flexion limited to 30 degrees, extension limited to 5 degrees less than neutral and elicits pain over lumbar spine, lumbar rotation limited to 15 degrees and elicits pain over lumbosacral spine. Gait is slow and antalgic. [REDACTED] is requesting aquatic therapy for the lumbar spine, 4 visits. The utilization review determination being challenged is dated 2/4/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/8/13 to 3/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY FOR THE LUMBAR SPINE, 4 VISITS: 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, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The patient has completed 8 session of aquatic therapy from 10/31/13 to 12/2/13 which keeps his pain exacerbations less frequent/severe per 1/17/14 report. The patient

can now tolerate walking up to 15 minutes and is doing stretching and exercise at home per 1/17/14 report. MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the patient does not report significant functional loss and has transitioned to home exercise regimen. The treating physician does not explain necessity for patient to continue with aqua therapy. Therefore, the request is not medically necessary.