

<b>Case Number:</b>	CM14-0029662		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Texas and Oklahoma. 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 injured worker is a 62-year-old male who reported an injury on 11/19/2009. The mechanism of injury was not provided. On 02/06/2014, the injured worker presented with low back and right leg pain. He also reported burning in the lower lumbar region and pins and needles in the hamstrings bilaterally. Upon examination, the range of motion of the lumbar spine was severely decreased in flexion and extension, there is mild weakness to the L4 distribution and tenderness over the right wrist and some mild swelling and edema related possibly to the use of his cane. Prior therapy included medications and surgery. The diagnoses were post laminectomy syndrome, severe depression secondary to pain, pain in the right forearm and wrist, neuritis and radiculitis of the lower extremities. Lumbar degenerative disc disease and anxiety disorder. The provider recommended aquatic therapy, 1 to 2 sessions weekly for 12 weeks for the low back. The provider's rationale is not provided. The request for authorization form was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATHERAPY 1-2 SESSIONS/WEEK X 12 WEEKS FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for aquatic therapy 1 to 2 sessions a week for 12 weeks for the low back is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended, where reduce weight-bearing as desirable, for example extreme obesity. The guidelines recommend up to 10 aquatic therapy visits over 4 weeks. The included medical documentation does not indicate that the injured worker is recommended for reduced weight-bearing exercise. Additionally, the provider's request for aquatic therapy, 1 to 2 sessions a week with a quantity of 12 exceeds the recommendations of the guidelines. As such, the request is not medically necessary.