

<b>Case Number:</b>	CM14-0031582		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for lumbar disk displacement without myelopathy associated with an industrial injury date of May 14, 2010. The treatment to date has included lumbar fusion 2012, aquatic therapy x8 (reported some benefit specifically stronger legs), diagnostic bilateral L5-S1 facet injection, lumbosacral support, physical therapy, chiropractic treatment, functional restoration program, lumbar ESI, and opioid and non-opioid pain medications. A utilization review from February 6, 2014 denied the request for 8 visits of Aquatic Therapy 2 X 4 Lumbar Spine. The medical records from 2012 through 2014 were reviewed showing the patient undergoing L5-S1 anterior lumbar interbody fusion in 2012; but he has had persistent low back pain which radiates to the lower extremities. The pain affects activities of daily living such as cooking and cleaning as well as getting dressed. The patient has undergone numerous treatment modalities with no significant relief of pain complaints. Objectively, the patient ambulates with a walker and has a wide-based gait. Lumbar range of motion is limited. Motor strength was minimally reduced for the lower extremities. Sensory exam was unremarkable. The patient has completed 8 sessions of aquatic therapy which was noted to strengthen his legs. Besides this, there was no other mention of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 VISITS OF AQUATIC THERAPY 2 X 4 LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine, Page(s): 22.

**Decision rationale:** As stated on page 22 of the California MTUS chronic pain medical treatment guidelines, aquatic therapy is recommended where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremities. In this case, the patient is not obese nor has fractures in the lower extremities. The patient has had prior aquatic therapy but has only noted increased leg strength with no other mentions of objective functional improvements. There is no concise rationale as to why land-based PT would be insufficient or contraindicated. Therefore, the request for 8 visits of Aquatic Therapy 2 X 4 Lumbar Spine is not medically necessary.