

<b>Case Number:</b>	CM14-0033891		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/07/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 and 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 52-year-old male with an injury date of 10/07/05. Based on the 03/03/14 progress report provided by the provider., the patient complains of lower back pain down both legs. The patient's diagnoses include: lumbar radiculopathy, lumbar spinal stenosis, muscle spasm, and lumbar discogenic spine pain. The provider is requesting for aquatic therapy two times eight (2x8). The utilization review determination being challenged is dated 03/13/14. The provider is the requesting provider, and he provided treatment reports from 06/12/13-03/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY 2X8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24.

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

**Decision rationale:** According to the 03/03/14 report by the provider, the patient complains of lower back pain down both legs. The request is for aquatic therapy therapy two times eight (2x8). The MTUS guidelines state that aquatic therapy is "Recommended as an optional form of

exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of why the patient is unable to tolerate land-based therapy. Furthermore, the requested 16 sessions exceeds 9-10 sessions recommended by MTUS for myalgia/myositis, neuralgia/neuritis type of condition. As such, the recommendation is for denial.