

<b>Case Number:</b>	CM14-0035113		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/31/2007
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 61-year-old male with a date of injury of 12/31/2007. According to progress report 01/24/2014, the patient complains of constant low back pain rated 9/10 with radiation to the bilateral lower extremity with associated numbness and tingling. Review of CT scan of the lumbar spine revealed pedicle screws to be in good condition at L4 to S1 with posterior lateral fusion at L4-L5 and anterior interbody fusion at L5-S1. Examination revealed spasm and tenderness over the lumbar spine. Straight leg raise is positive bilaterally with paresthesias in both lower extremities. The treater recommends the patient "start aquatic therapy 2 to 3 times a week for 6 weeks for the lumbosacral spine." Utilization review modified the certification and approved 6 aquatic therapy sessions on 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy to the lumbar spine for 18 sessions:** 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:** This patient presents with chronic low back pain. Review of the medical file indicates the patient is status post L4 to S1 fusion in 2009. Review of the utilization review letter indicates the patient was authorized 8 aquatic therapy sessions in May 2013. The medical file does not provide any aquatic or physical therapy notes. This patient is outside of the postoperative time frame. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treater's request for 18 additional aquatic therapy sessions exceeds what is recommended by MTUS.