

<b>Case Number:</b>	CM14-0045496		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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 67-year-old female who has submitted a claim for lumbar sprain/strain with radiculopathy, s/p lumbar decompression and fusion, associated with an industrial injury date of October 10, 2007. Medical records from 2014 were reviewed. The clinical summary, dated 02/14/2014, showed intermittent low back pain with radiation to the left leg. Physical examination revealed tenderness along the left paralumbar muscles and sacroiliac notch. Spasms were noted with restricted range of motion. Treatment to date has included L4-L5 posterior decompression and fusion (April 2008), unspecified number of PT sessions and unspecified number of aqua therapy. Utilization review from 03/11/2014 denied the request for aquatic therapy 1x/week x 8 weeks for the lumbar spine because the objective evidence of functional progression or improvements all throughout the unspecified number of completed therapy sessions was not clinically apparent to warrant continued treatments. Also, the most recent report failed to show any clinical indication for the necessity of reduced weight bearing to further support the need for continued aquatic therapeutic modalities as opposed to the transition to land-based treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 1 x week for 8 weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints, Aquatic Therapy.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT), Lumbar Sprains and Strains.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22 & 99.

**Decision rationale:** According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, and as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity or fractures of the lower extremity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, the patient had previous aquatic therapy for an unknown number of sessions. The clinical summary stated that it afforded 70% relief. However, there were no progress reports available for review to support it objectively. Furthermore, there was no documented evidence of obesity, lower extremity fracture and inability to tolerate land-based therapy. The medical necessity was not established. Therefore, the request for Aquatic Therapy 1x/week x 8 weeks to lumbar spine is not medically necessary.