

<b>Case Number:</b>	CM14-0055466		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/22/1996
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Medicine and is licensed to practice in Texas. 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 45 year old female whose date of injury is 06/22/1996. Lumbar MRI dated 11/15/13 revealed decompressive laminotomies L3-4, L4-5 and L5-S1. There is possible fusion of L3-4 and L4-5 facets. Handwritten progress note dated 02/23/14 indicates that the injured worker complains of greater pain in the lower back and both buttocks. Diagnoses are thoracic sprain/strain, and lumbosacral strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Aqua Therapy, 3 times per week for 2 months (24 visits) for lumbar injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Based on the clinical information provided, the request for 24 aqua therapy, 3 times per week for 2 months, for lumbar injury is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CAMTUS guidelines support

aqua therapy when reduced weightbearing is desirable. There is no clear rationale provided as to why reduced weightbearing is desirable or why the injured worker is unable to perform land-based therapy. CAMTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.