

<b>Case Number:</b>	CM14-0057691		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, 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 53 year old male whose date of injury is 10/05/13. No mechanism of injury is provided, but the injured worker's diagnoses include lumbosacral contusion and lumbar radiculopathy. On 11/21/13 the injured worker was prescribed Percocet and Medrol DosePak. MRI of the lumbar spine on 12/20/13 revealed degenerative changes with varying degrees of disc desiccation; L3-4 slight right posterolateral disc osteophyte complex does not result in stenosis; L4-5 low grade bilateral facet joint disease plus small posterolateral disc osteophyte complexes, mild left foraminal stenosis does not result in nerve root impingement; L5-S1 broad-based moderate disc bulge extends across the endplate margin and slightly into the left foraminal region, plus facet joint disease results in moderate left foraminal stenosis contacting the exiting left L5 root, no left S1 contact seen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2-3x week for 3 weeks (9 visits) to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page(s) 22 of 127 Page(s): 22 of 127.

**Decision rationale:** The injured worker reportedly injured his low back on 10/05/13. There is no detailed physical examination submitted for review, and no comprehensive history of the nature and extent of conservative care completed to date including physical therapy, injections or other conservative modalities. As such, there is no indication that the injured worker has any significant motor, sensory or reflex changes on clinical examination. There is no indication that the injured worker is obese or otherwise requires reduced weight bearing, or that the injured worker is unable to tolerate land-based therapy. Based on the clinical information provided, medical necessity is not established for aquatic therapy 2-3x week for 3 weeks (9 visits) to the lumbar spine.