

<b>Case Number:</b>	CM14-0188783		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/27/2009
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59 year old female who sustained an industrial injury on 12/27/2009. According to the clinical notes from 01/07/14, she had 20 visits of aqua therapy with relief. In the visit note from 06/05/14, she was noted to have been attending aqua Zumba four times a week and it was helping her lose weight. Her prior treatment also included chiropractic therapy, medications, aquatic therapy and aqua Zumba. Her MRI from 07/18/13 showed increased anterolisthesis at L4-L5 with a 3mm right foraminal protrusion and impingement on exiting nerve root right L4, moderate to moderately advanced neural foraminal narrowing L5-S1 where there is slightly lesser facet arthropathy, a central subligamentous herniation and minor foraminal bulging. The visit note from 09/19/14 was reviewed. Her subjective complaints included mid and low back pain. She was scheduled for an epidural steroid injection. The aqua therapy four times a week was significantly decreasing her pain. She had tenderness to palpation in the bilateral paraspinals and decreased sensation to the right L5 dermatome to pinprick and light touch. Her pertinent diagnoses included low back pain with radiculopathy, mid back pain, multilevel degenerative disc disease of lumbar spine. The request was for aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy twice (2) a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self-directed home physical therapy. The medical records reviewed do not outline the need for reduced weight bearing, and the need for continuing therapy having multiple sessions of chiropractic therapy and multiple visits to aquatic therapy. There are 20 documented visits of aquatic therapy and 12 visits of chiropractic therapy. Therefore, the request for aqua therapy twice a week for four weeks is not medically necessary.