

<b>Case Number:</b>	CM14-0190460		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/21/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 & Rehabilitation 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:

This is a 59-year-old male with a 9/21/09 date of injury, when he was reaching into a back seat for a briefcase and felt sharp pain in the back. The patient underwent a lumbar fusion in 2010. The patient was seen on 10/16/14 with complaints of low back pain radiating down into the lower extremities associated with numbness and tingling. Exam findings revealed lumbar flexion of 15 degrees, lumbar extension to neutral and less than 5 degrees of the side bending. The patient reported decreased sensation in the bilateral feet and the SLR test was positive at the 45 degrees. The patient had tenderness to palpation over the lumbar paraspinals and had moderate to severe weakness in all major myotomes of the upper extremities on a manual muscle testing. The progress note stated that the patient started pool therapy and felt that it was helping him. The diagnosis is degenerative disc disease of the lumbar spine, chronic pain syndrome and carpal tunnel syndrome. Treatment to date: lumbar fusion, work restrictions, aquatic therapy, chiropractic treatment, PT, psychiatric treatment, DME, HEP and medications. An adverse determination was received on 10/16/14 for a lack of specified duration or frequency in the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Rehabilitation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The progress note dated 10/16/14 stated that the patient started pool therapy and felt that it was helping him. However, there is a lack of documentation indicating objective functional gains from prior sessions. In addition, there is no rationale with clearly specified goals for the patient from additional aqua therapy sessions. Lastly, the number of requested sessions was not specified in the request. Therefore, the request for Aquatic Rehabilitation was not medically necessary.