

<b>Case Number:</b>	CM14-0195539		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Pain Management 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 injured worker is a 65 year-old male with an original date of injury on 9/11/2012. The injury occurred when he was engaged in calming down a violent patient. The industrially related diagnosis is spinal stenosis status post-surgical decompression. The patient has undergone lumbar complete decompression and neural foraminotomy of L3, L2, L1, and T1-L2. The most recent procedure took place in 5/2014. The prior treatment includes aqua therapy, acupuncture, and oral medication includes Neurontin, Ultram, Norco, and Aspirin. The aqua and acupuncture therapy have been documented as beneficial, however, there was no clearly stated objective outcomes. The disputed issue is the request for additional 8 sessions of aqua therapy to the lumbar spine (twice a week for 4 weeks). A utilization review dated 11/13/2014 has non-certified this request. The stated rationale for denial was due to lack of objective improvement from prior treatment such as changes in range of motion, strength, or functional activity tolerance, the request for additional aqua therapy of the lumbar spine was not medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the lumbar spine 2 times a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines, and ODG Low Back, P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**Decision rationale:** According to the documentation provided, the patient has had 13 sessions of aqua therapy dating from 9/19/2014 to 10/29/2014. An aquatic therapy note dated on 10/28/2014 documents the patient states pain level was 25% improved after 12 sessions, with better ability to perform activities of daily living, and the goal of restoring previous function level. The patient has a BMI of 32.7 from a progress note on date of serve 8/27/2014. Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Given the documented subjective and objective improvement the patient has had with aqua therapy, the currently requested aquatic therapy is warranted for continued functional improvement. Therefore the request is not medically necessary.