

<b>Case Number:</b>	CM15-0108405		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 04/16/2007. Current diagnoses include status post laminectomy and discectomy with posterior lumbar interbody fusion and posterior instrumentation and fusion, lumbar spondylolisthesis at L4-L5, post laminectomy syndrome, and obesity. Previous treatments included medications, lumbar surgery on 02/04/2014, and aquatic therapy. Previous diagnostic studies include an EMG/NCV study, x-rays of the lumbosacral spine, CT of the lumbar spine, and MRI's of the lumbar spine. Report dated 03/26/2015 noted that the injured worker presented with complaints that included low back pain with associated numbness, sleep problems, and increase in blood pressure. Pain level was 8 out of 10 on a visual analog scale (VAS). Current medications include hydrocodone, Duloxetine, and omeprazole. Physical examination was positive for tenderness to palpation over the bilateral lumbar paravertebral spinal muscles with spasms, limited range of motion, and straight leg raise is positive bilaterally. The treatment plan included possible revision laminectomy and discectomy, requests for physical therapy and aquatic therapy, and return in one week for re-evaluation. Disputed treatments include 12 aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient does not meet criteria as outlined above for aquatic therapy. And the amount is in excess of California MTUS recommendations for physical therapy. Therefore the request is not medically necessary.