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| <b>Case Number:</b>   | CM15-0130258 |                              |            |
| <b>Date Assigned:</b> | 07/16/2015   | <b>Date of Injury:</b>       | 10/22/1998 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/06/2015 |

### 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: California, 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 57 year old female who sustained an industrial injury on October 22, 1998. She has reported pain to the mid back, low back, and right shoulder and has been diagnosed with lumbar post laminectomy syndrome and shoulder pain. Treatment has included medications and surgery. Physical examination noted difficulty arising from a chair. She had a straight leg raise on the left. Reflexes were 2 plus in the knees and 1 plus in the ankles. There was no extensor hallucia longus weakness. The treatment request included 6 aquatic therapy visits for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six aquatic therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** CA MTUS Guidelines state the aquatic therapy (AT) is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Guideline recommend up to 10 sessions. In this case it is not clear how many of the requested 6 sessions have already been completed in order to determine if the six sessions requested are still within the guidelines. In addition, the patient is not obese, and in fact is underweight, so there is no rationale for aquatic therapy versus land-base therapy. The documentation submitted does not provide a clinical response to aquatic therapy in 2013. Thus this request is deemed not medically necessary.