

<b>Case Number:</b>	CM15-0142280		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/14/2008
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 37 year old male, who sustained an industrial injury, September 14, 2008. The injury was sustained from repetitive lifting on the job. The injured worker previously received the following treatments x-rays of the lumbar spine showed straightening of the lordosis curve and disc height appeared to be maintained. The injured worker was diagnosed with chronic lumbosacral strain and or sprain. According to progress note of June 22, 2015, the injured worker's chief complaint was back pain. The pain was aggravated by bending and stooping. The physical exam noted the range of motion to the lumbar spine as significantly reduced. The neurological exam was within normal limits. The sitting straight leg raises caused low back pain. The treatment plan included request for aqua therapy the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 3 x a week for 4 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** 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. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Additionally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.