

<b>Case Number:</b>	CM15-0161865		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 62-year-old male, who sustained an industrial injury on 2-1-08. The injured worker has complaints of lumbar spine pain. The documentation noted that the injured worker has muscle tightness and cramping. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included posterior fusion L4S1 June 1010; hardware removal and fusion revision August 2011; removal of instrumentation, osteotomy, interbody device, anterior instrumentation, revision laminectomy L4-S1 (sacroiliac), lumbar fusion L5-S1 (sacroiliac) January 2013; removal of instrumentation, revision laminectomy L4-S1 (sacroiliac), left L5 pediclectomy May 2014; home exercise program; hot or cold packs; neuromuscular reeducation; therapeutic procedure; abdominal brace; injections; physical therapy and medications. The request was for aqua Therapy 1x12 for 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 1x12 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aqua therapy one time per week times 12 weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are post laminectomy syndrome; and recurrent left lumbar radiculopathy. Date of injury is February 1, 2008. The date of review is July 27, 2015. There was no formal request for authorization in the medical record. The injured worker has had multiple lumbar surgeries starting with a posterior fusion in 2010 and a revision with removal of hardware that is undated. According to the February 4, 2015 chiropractic progress note, there is a request for 12 aquatic therapy visits. It is unclear whether the injured worker received 12 aquatic therapy sessions. There is no documentation of aquatic therapy progress notes. The documentation indicates the injured worker received ample physical therapy with dates ranging March 9, 2015 through August 4, 2015 and February 2015 April 2015. The injured worker is engaged in a home exercise program. As noted above, there are no aquatic therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement with aquatic therapy. There are no compelling clinical facts indicating additional aquatic therapy is clinically indicated. There is no documentation of failed land-based physical therapy indicating aquatic therapy may be clinically indicated. There were no heights, weights, or BMIs in the medical record. There was no clinical indication reduced weight bearing was desirable during physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy, no documentation of 12 aquatic therapies requested on February 4, 2015 and no documentation reduced weight-bearing was desirable with no height or weights in the medical record, aqua therapy one time per week times 12 weeks to the lumbar spine is not medically necessary.