

<b>Case Number:</b>	CM15-0162577		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Arizona, California  
 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:

This is a 53 year old female with a date of injury of March 7, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar stenosis. Medical records dated July 21, 2015 indicate that the injured worker complains of increased lower back pain rated at a level of 5 out of 10, with pain at its worst rated at a level of 8 out of 10. The report also indicates that the injured worker cannot sit for long periods, and that she had decreased physical activity. Per the treating physician (July 21, 2015), the employee has returned to work. A progress note dated July 21, 2015 noted a physical examination that showed the injured worker was in no acute distress. Additional objective findings were not included in the submitted documentation. Treatment has included an unknown number of aquatic therapy sessions that reduce the injured worker's pain level to 0 out of 10. The original utilization review (July 31, 2015) partially certified a request for six sessions of aquatic therapy for the lumbar spine (original request for twelve sessions of aquatic therapy for eh lumbar spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy x 12 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Aquatic therapy is 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant is performing exercises at home. The amount requested (12 sessions) exceeds the amount suggested by the guidelines. The request above is not medically necessary.