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| <b>Case Number:</b>   | CM15-0191637 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 07/18/2014 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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:

This is a 22 year old female with a date of injury on 7-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-2-15 reports back pain and leg pain have completely resolved. She finished physical therapy. She does have persistent complaints of numbness around the saddle area and medial aspect of the left foot. Bladder function has shown improvement. Upon exam, sensory hypesthetic at the distribution of L5-S1. The surgical incision is healed well. CR of lumbar spine on 9-1-15 reveals status post anterior interbody fusion at L4-5 and L5-S1, normal position and appearance and mild L2-3 and mild to moderate L3-4 inter-vertebral disc space narrowing unchanged. Treatments include: medication, physical therapy, aquatic therapy, home exercise program and lumbar fusion. Request for authorization was made for Aquatic therapy 1 time per week for 12 weeks, lumbar spine. Utilization review dated 9-23-15 modified the request to certify 1 time per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 1xwk x 12wks to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. 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, aquatic therapy one time per week times 12 weeks to the lumbar spine and 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 status post herniated disc L3 - L4 and L4 - L5; status post lumbar discectomy L5 - S1; and status post anterior discectomy and segmental fusion L4 - L5 and L5 - S1. Date of injury is July 18, 2014. Request for authorization is September 11, 2015. According to progress note dated September 2, 2015, the injured worker is five months status post anterior segmental fusion. Subjectively, the injured worker has no back pain or leg pain. Symptoms have completely resolved except for numbness over the saddle area of the foot. Objectively, the neurologic examination is unchanged. In the body of the progress note, there is no clinical discussion, indication or rationale for additional aquatic therapy. The utilization review nursing notes indicates the injured worker was certified for 19 aquatic therapy sessions. There is no documentation of prior aquatic therapy visits. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional aquatic therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, 19 prior aquatic therapy sessions authorized, no clinical documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional aquatic therapy is clinically indicated, aquatic therapy one time per week times 12 weeks to the lumbar spine and is not medically necessary.