

<b>Case Number:</b>	CM15-0036162		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/14/1989
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60-year-old female with an industrial injury dated September 14, 1989. The injured worker diagnoses include status post spinal fusion L4 to S1 with subsequent removal of hardware in 1997, bilateral sacroiliitis, status post anterior lumbar fusion with osteotomy 10/06/11, status post lumbar fusion with facet screws at L4to S1 in 1994, and status post lumbar hardware removal in 5/13/13. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, multiple surgical procedures and periodic follow up visits. According to the progress note dated 1/7/2015, the injured worker reported low back pain. The treating physician noted tenderness, guarding and spasm in her lower back with difficulty straightening back. The treating physician prescribed services for aquatic therapy, lumbar spine (1 time a week for 1 year). Utilization Review determination on January 28, 2015 denied the request for aquatic therapy, lumbar spine (1 time a week for 1 year), citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, lumbar spine (1 time a week for 1 year): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22.

**Decision rationale:** Aquatherapy is in question for this injured worker for chronic pain. Per the guidelines, 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, as in extreme obesity. In this case, the records do not justify why aquatherapy is indicated over a course of land-based therapy and the aquatherapy is therefore not medically substantiated.