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| <b>Case Number:</b>   | CM15-0041314 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 07/13/2009 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 02/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old male, who sustained an industrial injury on 07/13/2009. He reported a lumbar spine injury. The injured worker is now diagnosed as having opioid dependence, post-laminectomy syndrome, and myalgia and myositis. Treatment to date has included lumbar spine MRI, lumbar surgery, physical therapy, and medications. In a progress note dated 01/26/2015, the injured worker presented for a follow up visit. The treating physician reported recommending 12 sessions of pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of aquatic therapy to the lumbar spine, over one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The patient presents with low back pain with bilateral calf discomfort. The current request is for 12 sessions of aquatic therapy to the lumbar spine, over one month. The treating physician states on 1/26/15 (B53), "There has been a recommendation by Dr. L that pool

therapy be authorized and I am in agreement". AME report from 1/7/15 states, "The applicant may be referred for aqua therapy, as this would be the safest conservative treatment to manage his low back pain". MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, there is no clinical history of extreme obesity or note of possible benefit from exercise with reduced weight bearing included in the documentation. Additionally, MTUS only allows 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. The request for 12 sessions of aqua therapy would exceed MTUS guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.