

<b>Case Number:</b>	CM15-0049630		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/14/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: North Carolina

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:

The injured worker is a 56-year-old male, who sustained an industrial injury on July 14, 1997. He reported low back pain. The injured worker was diagnosed as having lumbar disc disease, lumbalgia, lumbar radiculitis and status post lumbar fusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, medications and work restrictions. Currently, the injured worker complains of chronic low back pain. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 16, 2013, revealed continued low back pain. Sample patches were dispensed. Evaluation on September 8, 2014, revealed continued chronic back pain. Evaluation on November 6, 2014, revealed continued pain as previously noted. Medications were renewed and water based physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of water based Physical Therapy:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient does not meet criteria as outlined above for aquatic therapy. Therefore, the request is not medically necessary.