

<b>Case Number:</b>	CM15-0051693		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61-year-old female, who sustained an industrial injury on 08/21/2008. She has reported subsequent right hip and back pain and was diagnosed with right hip sprain/strain, lumbar sprain/strain with right lower extremity radiculitis and degenerative disc disease at L5-S1. Treatment to date has included oral pain medication, lumbar transforminal epidural steroid injections, home exercise program, application of heat and bracing. In a progress note dated 12/10/2014, the injured worker complained of constant low back pain. Objective findings were notable for antalgic gait, diffuse tenderness with muscle guarding of the lumbar paravertebral muscles, decreased range of motion and positive sacroiliac testing. At this time, the physician noted that the injured worker would be evaluated to see if she was a surgical candidate. There was no medical documentation that pertains to the current treatment request for aquatic therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, Lumbar Spine, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Physical Medicine Page(s): 8-9; 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This 61 year old female has complained of low back pain since date of injury 8/21/08. She has been treated with physical therapy, epidural steroid injection and medications. The current request is for aquatic therapy, lumbar spine, 8 sessions. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity/rationale for continued passive physical therapy and supervised aquatic therapy is not documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, aquatic therapy, lumbar spine, 8 sessions is not indicated as medically necessary.