

<b>Case Number:</b>	CM15-0052861		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on 03/11/2013. She reported a low back injury. Diagnoses include lumbar disc disease and grade one spondylolisthesis, bilateral neuroforaminal stenosis. Treatments to date include medication therapy, physical therapy and epidural injections. Prior epidural injections were documented to provider over 50% relief in low back symptoms. Currently, she complained of left leg symptoms increasing with weakness and numbness. On 3/5/15, the physical examination documented decreased lower limb stretch reflexes. The plan of care included a request for aquatic therapy and initiation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Exercise Program, 2 times a week for 12 weeks, QTY: 24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation ODG Low Back Chapter, PT.

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records indicate that the patient has had previous land-based therapy, but there is no clear documentation of benefit. Moreover, the guidelines specify that aquatic therapy should follow the same time course as land based physical therapy. The ODG suggests 10-12 visit for low back pain. Therefore, this request for 24 visits is not medically necessary as it is in excess of guidelines.