

<b>Case Number:</b>	CM15-0056740		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 year old male who sustained an industrial injury on 8/28/2010. His diagnoses, and/or impressions, included lumbar or lumbosacral disc degeneration, and adjustment disorder with depressed mood. Current magnetic resonance imaging studies were not noted. His treatments have included physical therapy, chiropractic treatments; cortisone injection therapy; 4-wheeled walker, with seat and brakes; and medication management. The progress notes of 9/30/2014 show this injured worker presenting for a 1-month follow-up, post setback from a fall, which further injured his inter-vertebral disc, which was a result of progressive functional impairment from his chronic disability. The complaints, of 9/30/2014 and current, included ongoing and worsening radiating pain to the head, neck, lower back and shoulder; increasing weakness in the lower extremities; and difficulty sleeping due to anxiety. The physician's request for treatment included aqua therapy for the lumbar spine due to his obesity and need for exercise and because of his high risk for falls.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 times a week for 8 weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22 and 98-99 of 127.

**Decision rationale:** MTUS recommends aquatic therapy as an optional form of physical therapy, referring to MTUS recommendations concerning Physical Medicine for recommended number of visits. A course of aquatic therapy has been requested due to a recent exacerbation of symptoms. The requested 16 aquatic therapy visits exceed the maximum of 10 physical therapy visits recommended for this condition by MTUS. Based upon the submitted documentation medical necessity is not established for a course of aquatic therapy exceeding evidence-based recommendations.