

<b>Case Number:</b>	CM15-0232418		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 was a 60 year old male, who sustained an industrial injury on June 14, 2013. The injured worker was undergoing treatment for L4-L5 disc injury, severe foraminal stenosis of L4-L5, morbid obesity and status post L3-L5 anterior and posterior spinal fusion surgery on April 13, 2015. According to the physical therapy progress note of September 25, 2015, the injured worker reported decreased pain in the right piriformis. The exercise plan was adjusted to accommodate the injured worker's pain. The injured worker was able to complete the exercises without increasing symptoms at this time. According to the progress note of October 1, 2015, the injured worker was doing water therapy and acupuncture. The injured worker reported the acupuncture was helping, however since it had stopped the injured worker had doubled the use of pain medications. According to progress note of October 15, 2015, the injured worker's chief complaint was continued back pain with leg symptoms. The injured worker was five and a half months post fusion surgery. The injured worker was still wearing the back brace. The injured worker was trying to wean off pain medications. The physical exam noted good strength in the bilateral lower extremities. The injured worker did have some calf spasms. There was continued swelling in the right groin, which may indicate a hernia. The surgical incisions were well healed. The treating physician was suggesting acupuncture at this time, for pain control. The injured worker previously received the following treatments 12 sessions of physical therapy, acupuncture, Ibuprofen, Soma, Voltaren pills to assist with weaning of Oxycodone IR. The UR (utilization review board) denied certification on October 30, 2015; for Aqua therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the lumbar spine, quantity: 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** 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. The recommendations on the number of supervised visits are equivalent with the number of visits with physical medicine. In this case the documentation doesn't support that the patient requires reduced weight bearing exercises. Furthermore the patient has previously had multiple physical therapy sessions for his injury. The documentation doesn't support the reason for more sessions of therapy vs. a home exercise program. The medical necessity for aquatic therapy over traditional land based therapy is not made, therefore is not medically necessary.