

<b>Case Number:</b>	CM14-0117523		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, California  
 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 50 year old female who reported an industrial injury on 1/19/2012. Her diagnoses, and/or impressions, are noted to include: lumbar intervertebral disc syndrome; lumbar neuritis/radiculitis; lumbar degenerative disc disease; lumbar facet arthropathy; lumbar 1 compression fracture; lumbago; right lower extremity paresthesia; and thoracic myofascitis. No recent imaging studies were noted. Her treatments have included acupuncture treatments; a panel qualified medical examination with report on 8/20/2013; heat therapy; medication management and urine toxicology screenings. The progress notes of 1/8/2015 noted complaints of axial back pain with paresthesias into the right lower extremities, relieved by medications. The objective findings were noted to include no acute distress; moderate thoracic para-spinal tenderness; positive lumbar Kemp's test on the right, with moderate tenderness in the right lower lumbar facet joints, and moderate spasms of the right lower musculature. The physician's requests for treatments were noted to include 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 2 times a week for 6 weeks for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy.

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

**Decision rationale:** Aquatic therapy is 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.