

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0218520 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 03/11/2013 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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: California, Washington

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 reported an injury on 03/11/2013. The mechanism of injury was not stated. The current diagnoses include lumbar disc disease and grade 1 spondylolisthesis/bilateral neural foraminal stenosis. Previous conservative treatment includes physical therapy, medication management, and epidural steroid injection. The injured worker presented on 11/13/2014 with reports of significant improvement of severe low back and leg pain following the epidural steroid injection administered on 09/10/2014. Upon examination, there were no motor deficits noted. There were hyporeflexic lower limb stretch reflexes. Recommendations included aquatic exercise 2 times per week for 12 weeks. There was no Request for Authorization form submitted for this review.

### 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. Decision based on Non-MTUS Citation ODG, Low Back Chapter, updated 11/21/14 PT post epidurals

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

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. There is no mention of objective functional improvement following the previous course of physical therapy. There is no indication that this injured worker is unable to participate in land based physical therapy. The current request for 24 sessions of aquatic exercise is excessive. Given the above, the request is not medically appropriate.