

<b>Case Number:</b>	CM15-0009225		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, 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:

This is a 61 year old male patient, who sustained an industrial injury on November 2, 2007. The diagnoses have included status post-acute disc herniation/extrusion at L4-5 status post right L4-5 microdiscectomy on March 28, 2008, with resolution of severe lower extremity neuropathic pain and a component of axial spinal pain, and depression and adjustment disorder. Per the doctor's note dated 12/30/2014, he had complains of leg pain and swelling, described as aching, burning, cramping, pounding, radiating, ripping, sharp, shooting, stabbing, tingling, numbness, weakness, pins and needles also complains of low back pain with radicular pain in the right and left pain. the physical examination revealed tenderness from right calf to bottom of the foot, left leg paralysis with swelling; left upper extremity contracture- status post stroke. The medications list includes butrans, omeprazole and vicodin. He has undergone right L4-5 microdiscectomy on March 28, 2008. Treatment to date has included physical therapy and oral medications. On December 12, 2014 Utilization Review non-certified aquatic therapy, six months with pool access for lumbar spine noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of aquatic therapy, six months with pool access for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy - 6 months with pool access (lumbar spine): 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): page(s) 22.

**Decision rationale:** Request: Aquatic Therapy - 6 months with pool access (lumbar spine). Per MTUS guidelines, 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. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. The medical necessity of aquatic Therapy - 6 months with pool access (lumbar spine) is not fully established for this patient.