

<b>Case Number:</b>	CM15-0013632		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New Jersey

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 56 year old male who sustained an industrial injury on 10/11/10. He complained of low back pain with weakness and numbness of the legs. He used a cane for ambulation. He currently reports left leg pain much improved. He currently takes Norco and Soma and had been on a course of Prednisone. He has had physical therapy. His diagnoses are status post L4-5 anterior-posterior fusion (10/29/14) with a history of previous laminectomy; lumbar disc herniation with radiculopathy, left greater than right; cervical disc herniation with radiculopathy; anxiety; depression; insomnia. Diagnostics included MRI lumbar spine, MRI of the cervical spine, radiographs of the lumbar spine. In a progress note dated 1/2/15 the provider indicates improvement on physical exam and recommends pool therapy. On 1/9/15 Utilization Review non-certified the request for pool therapy citing MTUS: Chronic Pain Medical Treatment Guidelines: Aquatic Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy:** 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, p. 22, AND Physical Medicine, pp. 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, who had recently had another lumbar surgery a few months prior, he was recommended pool therapy, but there was no explanation as to why the worker required pool therapy over land-based therapy. Without a documented justification for pool therapy, it will be considered medically unnecessary.