

<b>Case Number:</b>	CM15-0017646		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 44-year-old male who sustained an industrial injury on 02/13/2014. The current diagnoses include lumbar sprain/strain and lumbar radiculopathy. Treatments to date include medication management, acupuncture, and home exercise program. Report dated 01/07/2015 noted that the injured worker presented with complaints that included low back pain with radiating numbness, tingling, and weakness to the left lower extremity. Physical examination was positive for abnormal findings. The utilization review performed on 01/22/2015 non-certified a prescription for aqua therapy once acupuncture treatments finishes x 24 sessions, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy once acupuncture treatment finishes x 24 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy: Physical Medicine Page(s): 22: 98,99.

**Decision rationale:** MTUS Guidelines do not recommend aquatic based therapy unless there is an inability to perform land-based activities based on extreme obesity, lower extremity impairment, or neurological impairment. These conditions are not documented in this individual. In addition, the Guidelines recommend up to 10 sessions of directed physical therapy as adequate for chronic painful conditions. The request for 24 sessions of aquatic therapy is not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guidelines. The Aqua therapy once acupuncture treatment finishes X 24 sessions is not medically necessary.