

<b>Case Number:</b>	CM15-0114502		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male who sustained an industrial injury on 10/27/08. Initial complaints include lower back pain. Initial diagnoses are not available. Treatments to date include medications, psychotherapy, home exercise program, 2 back surgeries, and physical therapy. Diagnostic studies include electrodiagnostic studies, a lumbar spine MRI and CT scan. Current complaints include lower back and stomach pain. Current diagnoses include nerve compression. In a progress note dated 05/13/15 the treating provider reports the plan of care as continued home exercise program, acupuncture and aqua therapy, follow-up with pain management and spinal surgeon, an Inferential unit, and a bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and micro discectomy. The requested treatments include aqua therapy to for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2xwk x 6wks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22 and 98-99.

**Decision rationale:** Aquatic therapy 2xwk x 6wks lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The documentation does not indicate that the patient cannot participate in land-based therapy. The patient has participated in prior lumbar PT and should be versed in a home exercise program. The request for aqua therapy 2 x per week for 6 weeks lumbar spine is not medically necessary.