

<b>Case Number:</b>	CM15-0115616		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 27 year old female, who sustained an industrial injury on July 19, 2012, incurring low back injuries. Magnetic Resonance Imaging of the lumbar spine revealed degenerative changes. She was diagnosed with lumbar degenerative disk disease, lumbosacral strain and sciatica neuropathy. Treatment included physical therapy, opioids medications, anti-inflammatory drugs, and work restrictions with modifications. In 2014, a lumbar Magnetic Resonance Imaging showed degenerative changes, lower spine disks spaces with no evidence of stenosis or nerve root impingement. Currently, the injured worker complained of persistent lower back pain radiating into both hips and down the right leg. She complained of right leg spasms, tingling and numbness in the foot and toes. The treatment plan that was requested for authorization included aquatic therapy with aquatic walking 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 with aquatic walking 2 times a week for 6 weeks for the lumbar spine 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98.

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

**Decision rationale:** Aquatic therapy with aquatic walking 2 times a week for 6 weeks for the lumbar spine 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states the 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 patient has participated in prior lumbar PT and should be versed in a home exercise program. The request for aquatic therapy is not medically necessary.