

<b>Case Number:</b>	CM15-0172160		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 35 year old male, who sustained an industrial injury on 3-28-2014. The medical records indicate that the injured worker is undergoing treatment for L5-S1 spondylitic spondylolisthesis with persistent mechanical low back pain, 4-5 millimeter herniated nucleus pulposus at L1-2 - L4-5, and lumbar facet syndrome. According to the progress report dated 8-17-2015, the injured worker complains of persistent, severe low back pain with an electric-type sensation from his neck and feet to his low back. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over L2, L3, L4, L5, and S1 spinous processes, tenderness over L4-5 and L5-S1 right facet joints, positive facet stress test on the right, and 75 percent flexion, 25 percent extension, 50 percent right-left lateral, and 75 percent left rotation. The current medications are not specified. Treatment to date has included medication management, x-rays, physical therapy, computed tomography scan, MRI studies, electrodiagnostic testing, and epidural steroid injection (temporary relief). The progress report from 7-8-2015 indicated that the injured worker received a course of physical therapy, but did not state whether or not the therapy helped alleviate the pain. The plan of care includes an ALIF at L5-S1 with a posterior decompression and instrumented fusion. The treating physician noted that the injured worker is still incapable of working at this time; he will extend his disability for an estimated three months while he awaits spine surgery. The original utilization review (8-19-2015) had non-certified a request for 8 aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, 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. In this case the exam notes from 7/8/15 and 8/17/15 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the determination is not medically necessary.