

<b>Case Number:</b>	CM15-0174548		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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:

This 50 year old male sustained an industrial injury on 3-10-15. The injured worker is being treated for lumbar strain, disc disease and radiculitis. Treatments to date include MRI testing, at least 12 prior therapy sessions and prescription medications including Mobic, Baclofen and Neurontin. The injured worker has continued complaints of low back pain. The documentation supports that the injured worker had spinal injections earlier in the year and that they helped with the pain. The injured worker has remained off work. A request for Aquatic physical therapy to the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, the injured worker has participated in at least 12 land-based physical therapy sessions without documentation of functional gains. There is no evidence in the available documentation to indicate that the injured worker would benefit from aquatic therapy vs land-based therapy. There is also no indication that the injured worker should remain non-weight bearing. The request for aquatic physical therapy to the lumbar spine is determined to not be medically necessary.