

<b>Case Number:</b>	CM13-0012245		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female who has submitted a claim for lumbar radiculopathy rule out sacroiliitis associated with an industrial injury date of February 29, 2012. Medical records from 2012 were reviewed. The patient complained of persistent low back pain. It was characterized as sharp, shooting, throbbing, burning, and stabbing. It travels to her buttocks and legs with associated pulling, numbness and tingling sensation. The pain was aggravated by prolonged standing, walking and sitting activities. She also has difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. Physical examination showed tenderness of the lumbar paraspinal muscles. Spasms were also present. Pressure over the sacroiliac area produces significant pain. There was limited range of motion of the lumbar spine. Sitting straight leg raise test was positive bilaterally. Motor strength and sensation was intact. MRI of the lumbar spine, dated March 22, 2012, revealed 2mm left lateral disc bulge at L4-L5. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, and lumbar epidural steroid injections. Utilization review, dated July 31, 2013, denied the request for aqua therapy 3 three times a week for 4 weeks for the low back and headaches qty: 12. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LOW BACK AND HEADACHES QTY: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

**Decision rationale:** As stated on pages 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the patient still has low back pain even if she has undergone several sessions of land-based therapy. The patient has a BMI of 17 kg/m<sup>2</sup>, which is classified as underweight. There was no indication why the patient could not participate in a land-based physical therapy program. There is also no documentation stating the need for reduced weight bearing. Aqua therapy is only indicated for extreme obese or with fractures of lower extremity. Therefore, the request for Aqua Therapy three (3) times a week for four (4) weeks for the low back and headaches QTY: 12 is not medically necessary.