

<b>Case Number:</b>	CM13-0022255		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 43-year-old who sustained a work related injury on August 15, 2012. The injury occurred when she fell from a chair and stuck her head and low back on the floor. Since then, she has had lower back pain radiating down both legs when standing with associated numbness in her feet and ankles. She also sustained continuous vertigo following her injury. According to the patient's Orthopedic evaluation dated November 13, 2013, a very extensive narrative of the patient's care from nearly the time of her injury until the date of examination, states the patient reports persistent and significant dull, deep aching back pain that radiates into her hips and both the front and back of her legs with concomitant numbness. The pain worsens upon performing overextended walking, when she carries over ten to fifteen pounds, during her back exercises, lying on her back and lying without a pillow between her legs. The patient reports that her pain does improve with the use of medications, hot and cold packs, a transcutaneous electric nerve stimulation (TENS) unit, massage chair and aqua exercise. Physical examination reveals diffuse tenderness in the paraspinal muscles, buttock (right greater than left) and bilateral trochanter tenderness bilaterally. She is noted to have a decreased range of motion, positive Bragard's sign bilaterally, a trace bilateral patellar and +1 Achilles right but absent left deep tendon reflexes. She also had a diminished sensation along the S1 dermatome on the right. In dispute is the request for outpatient 24 aquatic therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 outpatient aquatic therapy sessions for the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints Chapter (ACOEM Practice Guidelines, Online Edition, Chapter 12), Table 12-2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment, page(s) 22 Page(s): 22.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. Aquatic therapy will unload the lower thoracic and lumbar spine and provide the means of being able to exercise with the facet joints unloaded of her body weight. The request for 24 outpatient aquatic therapy sessions for the lumbar spine is medically necessary and appropriate.