

<b>Case Number:</b>	CM13-0022608		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/13/2005
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/22/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### 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 status post a "work-related injury" on September 13, 2005. The injury occurred in the course of her usual work duties. The patient presently complains of low back pain that radiates to bilateral lower extremities to the level of foot. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of hand and fingers. The neck pain is associated with tingling and numbness in the upper extremity. The patient's pain level is decreased with average pain level of 5 out of 10 with medications and 6-7 out of 10 without medications. The patient reports activity of daily living limitations in the following areas: Self-care/hygiene, ambulation, hand function, sleep and sex. The patient is a status post transforaminal epidural steroid injection at L4-S1 level 011 July 25, 2013. Post procedure the patient reports moderate overall improvement. The patient reports significant functional improvement and improved mobility and decreased radicular pain. The patient was noted to be oriented and alert/appropriate. The patient was observed to be in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-C7 level. Cervical myofascial tenderness and paraspinous muscle spasm was noted on palpation. The patient has the following diagnosis: Lumbar radiculopathy (724.4), Cervical radiculopathy (723.4), Cervical disc degeneration (722.4), and Lumbar spinal stenosis (724.02).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy two (2) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) is silent on aquatic therapy; Official Disability Guidelines (ODG) stated that there may be advantages to weightless running in back pain recovery. The randomized trial (RCT) concluded that water based therapy produced better improvement in disability and quality of life with chronic low back pain (CLBP) than land based exercises. Therefore the request for 8 visits of water therapy is reasonable and should be certified. ODG: Aquatic Therapy: 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. There may be advantages to weightless running in back pain recovery. (Ariyoshi, 1999) (Burns, 2001) This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. (Dundar, 2009) For recommendations on the number of supervised visits, see Physical therapy.