

<b>Case Number:</b>	CM13-0053791		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Pain Management and Rehabilitation has a subspecialty in Interventional Spine 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. 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 45-year-old female with date of injury on 03/23/2011. The progress report dated 09/16/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical spine strain/sprain with discopathy, (2) Status post lumbar discectomy and fusion at L5-S1 with painful hardware. The patient continues with neck, mid back and low back pain. The patient has radicular symptoms into the bilateral lower extremities as well as tingling in the bilateral upper extremities. Physical exam findings include tenderness in the occipital insertion of the paracervical musculature. Exam of the lumbar spine had extreme limitation of range of motion with flexion to 10 degrees, extension to 5 degrees. Tilt and rotation are extremely limited due to paraspinous muscle tightness. There is decreased sensation in the L5-S1 distribution. Weakness of the L5-S1 innervated musculature is noted. The utilization review letter dated 10/31/2013 issued non-certification of a request for 8 sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 8 visits Lumbar Spine:** Upheld

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

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

**Decision rationale:** The patient continues with significant pain in the neck, mid back, and low back with associated symptoms in the bilateral lower extremities and tingling in the bilateral upper extremities. Records indicate the patient is 5 feet tall and 135 pounds. The supplemental report dated 10/22/2013 indicated that the patient did not get much benefit from the block performed for the low back and a request was made for 8 visits of water therapy. There was no discussion by the treating physician regarding rationale that would indicate that patient was unable to perform land-based therapy. MTUS Guidelines page 22 regarding aquatic therapy states that it is 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. The patient is not extremely obese and the treating physician does not provide documentation to indicate the patient's inability to perform land-based therapy. Therefore, recommendation is for denial.