

<b>Case Number:</b>	CM13-0058768		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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; has a subspecialty in Pulmonary Diseases 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 injured worker is a 39-year-old male who reported an injury on August 09, 2013. The mechanism of injury was a fall type jump off a forklift before it fell off the edge of the dock. The clinical note dated September 24, 2013 indicated that the injured worker complained of constant burning and spasms in his lumbar spine. The injured worker had one episode of tingling down his right lateral thigh. The injured worker rated his pain as a 7/10 on the pain scale. He denied lower extremity weakness or bowel and bladder symptoms. The injured worker reported that palliative measures include heat that works better than ice, and Vicodin and Flexeril provide him temporary relief at night. Current medications listed were Vicodin 5/500 one at bedtime, Flexeril 5mg 1 at bedtime and ibuprofen 1 to 2 tablets per day. On exam, the injured worker was noted to have a guarded gait when ambulatory. Range of motion was limited in lumbar flexion and extension due to complaints of pain. The straight leg on the right caused increased low back pain. Prone pushups caused radicular pain into the right leg. The diagnoses were a subacute lumbar sprain/strain and rule out herniated disc. The injured worker reported that he had had 10 sessions of physical therapy so far, but did not find it to be helpful. He described lying on a table when ultrasound is provided and then electrical stimulation. He is not performing any active exercises. The treatment plan included imaging studies, therapy, Medrol Dosepak and Relafen and to continue the Vicodin and Flexeril. The injured worker was to return in 2 weeks for a follow-up. The clinical note dated November 08, 2013 reported that the injured worker reported constant right-sided low back pain with intermittent radiation into his right leg. It was now crossing the knee and going into the calf. The injured worker had numbness and tingling in the same distribution area. Objective findings on exam noted that the injured worker had limited lumbar extension secondary to pain. The injured worker was actually limited in all directions, but extension was the worst.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE:** 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:** The California MTUS guidelines recommend aquatic therapy for people who have reduced weight-bearing status. The documentation provided for review noted that the injured worker does not have a diagnosis of extreme obesity or reduced weight bearing. The clinical note dated September 24, 2013 indicated that the injured worker complained of constant burning and spasms in his lumbar spine. The injured worker had one (1) episode of tingling down his right lateral thigh. The injured worker reported that he had had ten (10) sessions of physical therapy so far, but did not find it to be helpful. Therefore, the request is non-certified.