

<b>Case Number:</b>	CM14-0001023		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 54 year old male who reported an injury of unknown mechanism on 12/16/2012. In the clinical note dated 01/02/2014, the injured worker complained of occasional moderate headaches and low back pain rated at 4/10 mild to moderate radiating to left leg. The injured worker also complained of loss of sleep due to pain. The physical examination of the lumbar spine revealed decreased range of motion, tenderness and spasm to palpation of the paravertebral muscles. Decreased sensation globally to the left lower extremity was documented. Kemp's test caused pain bilaterally and a sitting straight leg raise caused pain in the left leg. The diagnoses included headache, lumbosacral sprain/strain, lumbar muscle spasm, left SI joint sprain, lumbar disc protrusion per MRI, loss of sleep and psychiatric component. The treatment plan included aqua therapy x an additional 12 sessions, to obtain a psych evaluation, to obtain a neurologist evaluation, and follow-up with orthopedics for lumbar spine. It was documented that the injured worker had 11 sessions of aqua therapy. The work status for the injured worker was to return to modified work with no heavy lifting over 20 lbs, no bending, stooping and squatting. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY X 12 - LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

**Decision rationale:** The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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. Aquatic therapy is recommended for Neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. In the clinical notes provided for review, it was documented that the injured worker had completed 11 sessions of aquatic therapy; however, the clinical note lacked documentation of the efficacy of the sessions and if reduced weight bearing was desirable. The request also exceeds the recommendation of 8-10 visits over 4 weeks, therefore the request for 12 sessions of aquatic therapy for the lumbar spine is not medically necessary.