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| <b>Case Number:</b>   | CM14-0005017 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 01/28/2003 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2014 |

### 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 Internal Medicine 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:

Medical records from 2013 to 2014 were reviewed. Patient complained of constant pain at the neck and low back areas, radiating to the right lower extremity up to the foot. It was described as aching, burning, piercing, sharp, throbbing, stabbing, with numbness. Aggravating factors included bending, climbing stairs, pushing, sitting, walking, standing, lifting, coughing, jumping, and daily activities. Physical examination of the lumbar spine revealed tenderness, with restricted and painful range of motion. The right gluteal and right sacroiliac joint were likewise tender. Facet loading test of the low back was positive. Patient's height was 5 feet, 4 inches; weight of 143 pounds, and body mass index of 24.54 kg/m<sup>2</sup>. Treatment to date has included cervical fusion in 1998, exploratory laparoscopy in 2010, aqua therapy, and medications such as amitriptyline, vitamin D, Soma, amitriptyline, trazodone, docusate sodium, Norco, citalopram, and lorazepam. Utilization review from 12/20/2013 denied the request for 12 aqua therapy sessions for the cervical and lumbar spine between 12/17/2013 and 2/15/2014 because the number of physical therapy sessions attended in the past was not documented. Likewise, there was no evidence presented that active rehabilitation had been beneficial for the patient. Appeal letter, dated 01/08/2014, cited that therapy sessions in the past benefited the patient, however, it was interrupted when patient had to undergo colonoscopy and exploratory laparoscopy. It stated that aqua therapy by nature was helpful for patients with spinal injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) AQUA THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient underwent an unspecified number of aquatic therapy sessions in the past. Appeal letter, dated 01/08/2014, cited that therapy sessions benefited the patient; however, it was interrupted when patient had to undergo colonoscopy and exploratory laparoscopy. It stated that aqua therapy by nature was helpful for patients with spinal injury. However, there was no indication why the patient could not participate in a land-based physical therapy program. Body mass index of 24.54 kg/m<sup>2</sup> is within normal limits. Moreover, there was no evidence of objective functional improvement acquired from previous therapy visits. The request for TWELVE (12) AQUA THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINE is not medically necessary.