

<b>Case Number:</b>	CM14-0007256		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

Patient is a 39-year-old male who has submitted a claim for lumbar pain, lumbar radiculopathy and shoulder dysfunction, herniated disc of the lumbar spine associated with an industrial injury date of 3/15/12. Medical records from 2013 were reviewed which revealed persistent low back pain. This was aggravated by cold weather. Pain was graded 4-5/10, which radiated to left leg. Physical examination of the cervical spine showed mild tenderness in bilateral cervical paraspinal musculatures. Spurling, Hoffman and Impingement tests were negative. Lumbar examination showed moderate tenderness in bilateral lumbar paraspinal musculatures. Straight leg raise test was negative. MRI of the lumbar spine done on 5/25/12 showed L5-S1 moderate disc degeneration with 2mm bulge. There was decreased protrusion noted on previous MRI. Bilateral L5 pars defects noted with suspected 2mm anterolisthesis. L4-L5 has minimal disc bulge. No focal protrusion or stenosis identified. Treatment to date has included, transforaminal epidural steroid injection under fluoroscopic guidance, cortisone injections and completed 6 physical therapy sessions. Medications taken include, Norco 5/325mg, Flexeril 5mg and Lidoderm 5% patch. Previous utilization review was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEMBERSHIP FOR AQUATHERAPY:** Upheld

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

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

**Decision rationale:** As stated on page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity or fractures of the lower extremity. In this case, patient had 6 sessions of physical therapy and aquatic therapy sessions. However, documentation concerning functional improvement was not disclosed. Patient continues to have low back pain graded 4/10 as stated on the latest progress report dated 12/11/13. Furthermore, medical records did not indicate why the patient could not participate in a land-based physical therapy program at present. Therefore, the request for MEMBERSHIP FOR AQUATHERAPY is not medically necessary.