

<b>Case Number:</b>	CM14-0103537		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/02/1990
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 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 patient is a 63 year old female with an injury date of 04/02/90. Based on the 02/18/14 progress report, the patient complains of low back and left lower extremity pain rated 8/10 with a 40% decrease in functionality. She tried physical therapy previously with temporary benefit, and was "unable to follow through with aqua therapy." Physical examination reveals tenderness to palpation over lumbar spine, lumbar facet joints and right greater trochanter. Range of motion is limited in the lumbar spine. Diagnosis 02/18/14- chronic mechanical low back pain, lumbar facet arthropathy- failed neck surgery syndrome, status post cervical fusion, C4-7- greater trochanter bursitis- chronic pain syndrome Patient is status post lumbar trigger point injections on 01/29/14 with significant relief. Treater encouraged patient to start low-impact aerobic exercise to help her with her pain and wrote her a script to go to the community center for aqua therapy, per progress report dated 02/18/14. Provider is requesting Aqua Therapy to lumbar spine. The utilization review determination being challenged is dated 06/11/14. The rationale is "claimant can heel-toe walk, frequency and duration are not documented, thus not medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy to 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 patient presents with chronic mechanical low back pain, lumbar facet arthropathy, greater trochanter bursitis and chronic pain syndrome. The request is for Aqua Therapy to lumbar Spine. She tried physical therapy previously with temporary benefit. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Though patient presents with a diagnosis of greater trochanter bursitis, there is no documentation of the need for weight-reduced exercises or extreme obesity to qualify for water therapy, per MTUS. Also, treater has not specified number of visits the patient will require in the request. The request is not medically necessary.