

<b>Case Number:</b>	CM14-0010941		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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:

The patient is a 55-year-old male who submitted a claim for lower back pain associated with an industrial injury date of May 10, 2013. Medical records from June 2013 - April 2014 were reviewed and showed increased low back pain with radiation to the left leg rated at 6/10. Pain is relieved by medications, and the patient has a left sided antalgic gait assisted by the use of a cane. On examination of paravertebral muscles, there is noted tenderness on the left side, and spinous process tenderness on L5 and S1. Treatment to date has included oral analgesics, physical therapy and aquatic therapy. Consideration is being given for lumbar epidural injection in the future. Utilization review dated January 16, 2014 denied the request for 12 sessions of aquatic therapy due to no specific evidence of functional benefit from prior supervised courses of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the patient has tolerated land-based exercise therapy with minimal complaints of pain and difficulty. Additionally, the patient's weight and body mass index (BMI) were not documented. Therefore, the request for aquatic therapy is not medically necessary.