

<b>Case Number:</b>	CM14-0127194		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 52-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 01/06/2012. Medical records from 01/14/2013 to 07/21/2014 were reviewed and showed that patient complained of low back pain graded 5/10 with occasional right lower extremity radiculopathy. Physical examination revealed BMI of 38, decreased lumbar ROM, tension of the lumbar paraspinals and right hip region, and positive right SLR tests. MRI of the lumbar spine dated 03/28/2014 revealed L2-3 moderate central canal and moderate to severe bilateral foraminal stenosis, L3-4 moderate to severe central canal and severe bilateral foraminal stenosis, L4-5 moderate central canal and severe bilateral foraminal stenosis, and L5-S1 disc desiccation and disc protrusion. Treatment to date has included right L4-5 interlaminar ESI (05/06/2014), HEP, and physical therapy. The patient was noted to be independent with HEP (02/11/2014). Utilization review dated 07/29/2014 denied the request for 12 aqua therapy visits because there was no co-morbidity that would preclude weight bearing physical activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aqua therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 98.

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

**Decision rationale:** According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, the patient's BMI is 38 kg/m<sup>2</sup>. However, the patient was noted to be independent with HEP (02/11/2014). There was no discussion as to why the patient cannot tolerate land-based therapy. Body part to be treated was likewise not specified. Therefore, the request for 12 aqua therapy visits is not medically necessary.