

<b>Case Number:</b>	CM14-0025067		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/12/1998
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female with a reported injury on 08/12/1998. The mechanism of injury was not provided. The injured worker had an examination on 02/25/2014 with complaints of chronic low back pain. The pain radiated down her right gluteal with radicular pain down the right hip and leg to the mid lateral calf. It was reported that her pain made her mobility difficult. She reported her pain level at a 7/10 to 8/10 constantly. The injured worker has had previous treatments of medications and rest; she did have the use of a walker for ambulation and she has had a history of home health care; she has had 6 acupuncture visits in 2013; she did have a home exercise program and she has had previous chiropractic and physical therapy visits; although the details and the efficacy of those therapies were not provided. Her medication list consisted of lidocaine cream, Albuterol inhaler, aspirin, Atrovent inhaler, Colace, Dilantin, Levothyroxine, Lipitor, Lisinopril, Novolin, and Pepcid. The physical exam did show that the injured worker did have frequent shifting of her posture or positioning during the exam, although she did sit with her head forward and she can stand with her head forward as well. The injured worker did have difficulty getting up from a sitting position. The exam revealed that her range of motion was moderately restricted and all directions due to her pain. The exam also revealed her muscle strength was limited due to the pain at a 4/5 bilaterally. Her diagnoses consisted of chronic discogenic back pain. The recommended plan of treatment was for aquatic therapy due to low back pain with radicular pain down the right hip and leg also to increase her endurance with walking, help decrease her pain symptoms. The request for authorization was not submitted although the rationale was included into the exam that was on 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2XWK X 6WKS LOW BACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical medicine Page(s): 22,99.

**Decision rationale:** The injured worker has a history of complaints of chronic low back pain with radiating pain down to her leg and hip. She does have a history of having previous medications and rest. She does walk with a walker for ambulation and she has had acupuncture, chiropractic and physical therapy in the past. She is also working currently with a home exercise program. However, the efficacy of these programs was not provided. The California MTUS Guidelines do recommend aquatic therapy as an optional form of exercise therapy as an alternative to the land based therapy. Aquatic therapy is recommended where reduced weight-bearing is desirable. There is no evidence that the injured worker cannot bear weight and that she needs a reduced weight-bearing exercise. The California MTUS Guidelines also recommend for therapy up to 10 visits. Her request is asking for a total of 12 visits which is over the recommended amount. Therefore, the request for aquatic therapy is not medically necessary.