

<b>Case Number:</b>	CM14-0028580		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Illinois. 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 37-year-old female with a reported date of injury on 10/15/2011. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include lumbago and displaced lumbar intervertebral disc. Her previous treatments were noted to include physical therapy, surgery, aqua therapy, and medications. The progress note dated 01/31/2014 revealed the injured worker complained her low back pain was improving. The physical examination revealed a decreased range of motion. The progress note dated 12/17/2013 revealed the injured worker reported she no longer had any radiating pain to the right lower extremity but did have some soreness in the low back and into the right buttock. The injured worker indicated when she drove she developed a cramp or a muscle spasm in the right low back and buttock. The injured worker indicated she had been working diligently on her exercise program as well as physical therapy. The physical examination of the low back noted 1+ tenderness over the lower lumbar area and the range of motion for flexion was to 40 degrees and extension was to 25 degrees with no muscle spasm. The physical therapy progress note dated 01/27/2014 revealed the injured worker reported her back had been sore from looking after her dog and stated she felt her main weakness was bending over to pick things up. The examination revealed increased soft tissue tightness and tenderness to palpation right greater than left to the piriformis and increased soft tissue tightness/muscle guarding to the right thoracic and lumbar paraspinals. The Request for Authorization Form dated 12/23/2013 for aqua therapy 2 times a week for 6 weeks due to low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL AQUATIC THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for additional aquatic therapy 2 times a week for 6 weeks for the lumbar spine is non-certified. The injured worker has completed an unknown number of previous aquatic therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The Postsurgical Treatment Guidelines recommend for postsurgical treatment of laminectomies 16 visits over 8 weeks with the postsurgical physical medicine treatment of 6 months. It is now past the 6 month postsurgical physical medicine treatment and there is an unknown number of previous Aquatic therapies/physical therapy visits completed. There is also a lack of documentation regarding current measurable objective functional deficits with range of motion and motor strength as well as quantifiable objective functional improvements with previous physical therapy sessions as well as the number completed. There is a lack of documentation regarding exceptional factors to warrant additional physical therapy. Therefore, due to lack of current measurable objective functional deficits and quantifiable objective functional improvements with the unknown previous number of physical therapy, additional physical therapy is not indicated at this time. Therefore, the request is non-certified.