

<b>Case Number:</b>	CM14-0039196		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 64 year old with an injury date on 3/1/12, with diagnoses of lumbar degenerative disc disease most severe at L3-4, L4-5 with disc herniation and lumbar radiculopathy in the right leg. An exam on 3/5/14 noted lumbar forward flexion of about 30 degrees and extension is minimal beyond neutral. Lateral bending is 10 degrees with a positive straight leg raise test bilaterally. Light touch sensation is diminished throughout the right leg. Motor testing showed diminished strength in quadriceps, forefoot walk and heel walk, and great toe dorsiflexion diminished on the right and intact on the left. Additional aquatic therapy 2 times a week for 8 weeks is being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aquatic therapy 2x8 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24.

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

**Decision rationale:** This patient presents with back pain and right leg pain. The 3/5/14 report states that the patient has had recent aquatic therapy which caused soreness, but overall improvement in function and pain relief. Documentation provided indicates that the patient has extreme weakness in the right leg, has to walk with a cane on land and is not able to tolerate land-based exercises. Guidelines state that aquatic therapy (including swimming) 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 is overweight and has had positive results from 5 aquatic therapy sessions previously. Given the previous aquatic therapy sessions, the patient should transition into an independent exercise program. MTUS does not allow on-going passive therapy simply based on subjective improvement. The requested 16 sessions of aquatic therapy exceeds MTUS guidelines of up to 10 sessions, and is therefore not medically necessary.