

<b>Case Number:</b>	CM14-0044546		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/15/2005
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 claimant was injured on 10/16/05. Aquatic therapy for 6 additional visits for the lumbar spine is under review. He is status post back surgery in 1996. He has had medications and 6 sessions of aquatic therapy. On 11/07/13, a provider's history indicates that he had 6 epidural steroid injections in the past and was extremely obese. Straight leg raising was to 60 bilaterally. He had good strength except for the left EHL which was mildly weak. Sciatic tension test was negative. He is a very poor historian. MRI showed a large herniated disc at L4-L5 and he had previous surgery at that level but had a residual herniated disc. He aggravated it in 2005 but did not have surgery due to his poor physical health. A trial of 6 aquatic therapy sessions was recommended. His health was so poor that the only thing he could tolerate was aquatic therapy. He had an initial evaluation for lumbar spine therapy on 01/15/14. He had numbness and tingling that were intermittent in both lower extremities. He also had constant sharp and radiating low back pain to both bilateral lower extremities. His pain was 4/10 at rest and 10/10 with activity. He has decreased range of motion. Aquatic therapy was recommended 12 visits. On 02/20/14, he saw [REDACTED] for low back pain with tenderness. He was diagnosed with a lumbar sprain and 6 more sessions of aquatic therapy were ordered because he says it helped. He reportedly had aqua aquatic therapy in 2012 which he stated helped a lot. On 03/20/14, he had an evaluation at a sports rehabilitation facility and he had decreased mobility and strength with increased pain. Repetitive movement was the mechanism of injury. He had lower back pain down both legs. He could walk, stand, or sit for 15 minutes. He had decreased range of motion of the low back with tightness to the paraspinals. Aquatic therapy was recommended for 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aqua therapy twice weekly for three weeks-lumbar spine:** 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, page 53 Page(s): 53.

**Decision rationale:** The history and documentation do not objectively support the request for 6 additional sessions of aquatic therapy. The MTUS state aquatic therapy is recommended as 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, for example extreme obesity. The claimant has been described as being extremely obese and he has stated that aquatic therapy helps but there is no documentation of objective or measurable benefit to him of this type of treatment which he attended in 2012. It appears that he attended aquatic rehab in 2014, also, but his course of treatment and objective measures of significant benefit to him are lacking in the records. His current body habits is unknown including whether or not he may have lost any weight since the most recent note in the file (March 2014). The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.