

<b>Case Number:</b>	CM14-0049792		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 47-year-old female who reported an injury on 12/11/2013 caused by stepping into the blind aisle to let her supervisor by and the pallet of boxes apparently struck her. It was noted that the injured worker was treated with medication and 6 physical therapy visits with undocumented functional improvements. On 06/11/2014, the injured worker complained of lumbar spine pain. It was reported that the injured worker's pain level was down to about a constant 1/10 or 2/10. It was reported that the injured worker remained a little concerned about going back to work full duty, as she states when lifting heavy objects and performing certain maneuvers around the house her pain appears to be aggravated; however, she was willing to reduce her restrictions at this time on a trial basis. The physical examination of the lumbar spine revealed mild tenderness to palpation on the left side of the lumbar paraspinal musculature. The active voluntary range of motion of the thoracolumbar spine the injured worker had forward flexion to 70 degrees, extension was 25 degrees, and lateral bending was 30 degrees in either direction. The injured worker was able to heel and toe walk across the examination room without difficulty and there was no evidence of any limp or antalgic gait. The injured worker's motor examination was normal in all major muscle groups of the lower extremities. It was noted that the injured worker underwent 8 sessions of aquatic physical therapy and had great benefit from aquatic physical therapy. There were no medications listed for the injured worker. The diagnoses included lumbar strain. The treatment plan included for decision aquatic therapy for the lumbar spine, 2 times a week for 4 weeks, quantity 8 and for MRI (magnetic resonance imaging) of the lumbar spine without the use of contrast material. The authorization request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8:** Upheld

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

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines recommends aqua therapy 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 especially recommended where reduced weight bearing is desirable; for example, extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The diagnoses included lumbar strain. On the documentation provided on 06/11/2014, indicated that the injured worker had undertaken 8 sessions of aquatic physical therapy with great benefit from aquatic physical therapy. The documents submitted indicated the injured worker has attended physical therapy with undocumented evidence of functional improvement. There are no diagnoses indicating that the injured worker had extreme obesity or fibromyalgia. It was also documented the injured worker had returned to work with modified duties to include no repetitive climbing, bending, or twisting and no lifting over 30 pounds. In addition, there was lack of evidence of a home exercise regimen for the injured worker. As such, the request is not medically necessary and appropriate.

**MRI (Magnetic Resonance Imaging) of the lumbar spine without the use of contrast material:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. On 06/11/2014, the physical examination revealed there was mild tenderness to palpation on the left side of the lumbar paraspinal musculature. The rationale for the request for an MRI of the lumbar spine does not satisfy the guidelines because of lacking documented objective findings identifying specific nerve compromise to warrant the use of imaging. In addition, it was noted that the injured worker had received sessions of aquatic therapy with great overall improvement. There was also no indication of red flag diagnoses or the intent to undergo surgery. As such, the request is not medically necessary and appropriate.

