

<b>Case Number:</b>	CM14-0065512		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 39 year old with an injury date on 10/25/12. Patient complains of intermittent moderate lower back pain radiating into right leg down to toes with numbness/tingling in right foot/toes per 3/26/14 report. Patient states his pain changes in severity throughout the day per 3/26/14 report. Based on the 3/26/14 progress report provided by [REDACTED] the diagnosis is lumbar spine s/s with radicular complaints; MRI evidence of 1-2mm bulge at L2-3, L3-4 L5-S1 and 2mm disc bulge at L4-5. Exam on 3/26/14 showed "L-spine tenderness to palpation about paralumbar musculature. Restricted range of motion of lumbar due to pain. Muscle spasms noted." [REDACTED] is requesting aquatic therapy 2x4 weeks for lumbar spine. The utilization review determination being challenged is dated 4/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/3/13 to 2/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 times a week for 4 weeks, for 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 Chapter on Aquatic Therapy, 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. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007) Page(s): . 22.

**Decision rationale:** This patient presents with lower back pain radiating into right lower extremity. The treater has asked for aquatic therapy 2x4 weeks for lumbar spine on 3/26/14. The 3/26/14 report states patien ambulates normally without a limp. Review of records do not indicate patient suffers from obesity, as the 4/17/13 report states patient is 6 feet tall and 160 pounds. Regarding aquatic therapy, MTUS states: "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 does not present with obesity, instability issues, or other weight-bearing problems, and the treater does not explain why aquatic therapy are being requested in favor of normal land-based therapy therefore aquatic therapy 2 times a week for 4 weeks, for lumbar spine.