

<b>Case Number:</b>	CM14-0068221		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 55-year-old male who reported an injury on 11/19/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/13/2014 indicate a diagnoses of L4-5 broad-based disc bulge with moderate central stenosis and moderate right and mild left foraminal stenosis, lumbar strain, aggravation of underlying lumbar degenerative disease at L4-5, right hip strain, cervical strain, and trapezius strain. The injured worker reported neck and back pain with occasional right-sided leg pain with numbness down to his right ankle. On physical examination, the injured worker was obese. He had tenderness to palpation in his thoracolumbar area where he had paraspinal muscle spasms. The injured worker had a positive Hoffman reflex on the left. The injured worker's left Achilles reflex was 1+. The injured worker's treatment included a qualified medical examination and followup in 6 weeks. The injured worker's prior treatments included diagnostic imaging. The injured worker's medication regimen was not provided for review. The provider submitted a request for aquatic therapy 2 times a week for 4 weeks to the low back. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy two times a week for four weeks low back:** Upheld

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

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

**Decision rationale:** The request for Aquatic Therapy two times a week for four weeks low back is not medically necessary. The California MTUS guidelines recommend aquatic 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 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. Although the injured worker is reported to be obese, the documentation did not indicated the injured worker's weight. In addition, there was a lack of documentation regarding the injured worker's inability to participate in a land-based exercise program such as decreased weightbearing. Moreover, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Additionally, it was not indicated if the injured worker had undergone prior physical therapy and the number of sessions or efficacy of the prior therapy. Therefore, the request for aquatic therapy is not medically necessary.

**Aggressive Weight Loss Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Diabetes, Lifestyle (diet and exercise) modifications.

**Decision rationale:** The request for Aggressive Weight Loss Program is not medically necessary. The Official Disability Guidelines recommend diet and exercise modifications as a first-line intervention. It was not indicated if the injured worker has tried first-line interventions such as dietary and exercise modifications. Moreover, there is a lack of documentation indicating the injured worker's weight. Additionally, the request does not indicate a time-frame for the program. As such, the request is not medically necessary.