

<b>Case Number:</b>	CM14-0076293		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 58 year old female with a reported date of injury on 10/19/2013. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included lumbar intervertebral disc disorder, right piriformis syndrome, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, coccydynia, and a herniated disc of the lumbar spine. She had previously been treated with medications and physical therapy. Epidural steroid injections (ESI) were ordered but provided documentation does not clarify whether the injections were performed as there were some clearance problems related to her medication, Plavix. Pertinent diagnostic studies included a left hip x-ray dated 02/12/2014 and an MRI of the lumbar spine on 10/19/2013. The surgical history included a lumbar laminectomy in 2003. The injured worker's documented weight was 145 lbs and height was 5'2" on 11/01/2013, 12/2/2013 and 01/09/2014. On 02/04/2014 the injured worker reported that regular therapy seemed to aggravate her symptoms. The injured worker reported pain rated 4-8/10 aggravated by movement and laying down and relieved by sitting, heat and ice. The injured worker reported numbness and tingling to the left lower extremity and right foot, and indicated her nerves felt like they were vibrating. Physical exam findings were reported as range of motion of lumbar spine at 30 degrees of flexion, 6 degrees of extension, 14 degrees right side bending, 20 degrees left side bending, 40 degrees right rotation, and 28 degrees left rotation. The injured worker was able to walk for 20-30 minutes, sit for 40 minutes, stand for 30 minutes, and lift 15-17 pounds. On 02/26/2014 she reported numbness and tingling to the lower extremities, right greater than left, from the posteriolateral thighs extending to the ankles. The medication list included Ultram 150 mg QD, Zofran 4 mg QD for nausea, Hydrocodone, and Clonazepam. The request was for aquatic therapy 2 x 4 lumbar spine to provide an exercise environment that was non-weight bearing and

therefore minimize some of the weight bearing forces loading the spine and left hip joint, facilitate increased movement and strengthen the core region. No request for authorization form was provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 2 x 4 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar and Thoracic (Acute &Chronic), Aquatic Therapy.

**Decision rationale:** The request for aquatic therapy 2 x 4 lumbar spine was not medically necessary. The injured worker is 5 feet, 2 inches tall and weighs 145 lbs per the clinical note dated 01/09/2014 resulting in a normal body mass index (BMI) of 26.5. The Official Disability 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 such as in extreme obesity. The guidelines recommend physical therapy for 8-10 visits over four weeks for radiculitis. The injured worker had a normal BMI. While the rationale of the request clearly states aquatic therapy was requested, "to provide an exercise environment that is non-weight bearing and therefore minimize some of the weight bearing forces loading the spine and left hip joint, facilitate increased movement and strengthen the core region", no underlying necessity for such treatment is provided. There is a lack of documentation indicating the injured worker would require reduced weight bearing as well as documentation detailing the reasoning for decreased weight bearing. Therefore, the request for aquatic therapy 2 x 4 lumbar spine was not medically necessary.