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| <b>Case Number:</b>   | CM13-0027576 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 02/27/2006 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 47 year old patient with date of injury of 02/27/2006. Medical records indicate the patient is undergoing treatment for lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus at L4-L5 and L5-S2 with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, coronary artery disease, uncontrolled severe hypertension, three level positive provocative discography, status post coronary bypass graft, medication-induced gastritis and right lateral epicondylitis. Subjective complaints include low back pain that radiates to left leg, rated 8/10 and pain along lateral aspect of right elbow. Objective findings include antalgic gait favoring left lower extremity with tenderness to palpation of lumbar spine bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout lumbar paraspinal muscles. Range of Motion (ROM) includes: lumbar range of motion - flexion 45 degrees, extension 15, left and right lateral bend 20. His deep tendon reflexes of patella and Achilles tendon are decreased; sensation to left posterolateral calf and thigh is decreased. The patient's straight leg raise is positive; right elbow tenderness along the lateral epicondylar region and pain reproducible with resisted wrist flexion. Lumbar discogram dated 02/03/2010 was positive at L4-L5. Lumbar spine MRI dated 10/28/2009 revealed L4-L5 severe intervertebral disc space narrowing with decreased signal intensity and desiccation, 3.5 mm disc bulge with annular fibrosis causing severe central and moderate bilateral foraminal stenosis, at L5-S1 there is a 2-3 mm disc bulge with mild central and bilateral foraminal stenosis, degenerative changes are noted in the facet joints at L4-5 and L5-S1. Treatment has consisted of use of cane, physical therapy, acupuncture, lumbar epidural steroid injections, spinal cord stimulation trial, and intrathecal pump trial, Norco, Roxicodone, Soma, Anaprox DS, Wellbutrin and Prilosec. The utilization

review determination was rendered on 09/11/2013 recommending non-certification of 12 prospective aquatic therapy sessions for the lumbar spine, 2 times a week for 6 weeks.

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

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

**12 prospective aquatic therapy sessions for the lumbar spine, 2 times a week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine/aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Aquatic Therapy and on Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy

**Decision rationale:** California MTUS guidelines state that "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." Medical records do not include weight/height measurements, therefore BMI cannot be calculated. A diagnosis of 'extreme obesity' cannot be established. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". ODG states regarding 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life . . . In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient does meet some of the guideline criteria for aquatic therapy; however, the requested number of sessions is in excess of the guideline recommendations of a six-visit clinical trial. As such, the

request for 12 prospective aquatic therapy sessions for the lumbar spine, 2 times a week for 6 weeks is not medically necessary.