

<b>Case Number:</b>	CM14-0191085		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 51 year old patient with a date of injury of 12/13/2014. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy and lumbar disc disorder with myelopathy. Subjective complaints include low back pain and lower extremity pain and numbness rated 5/10. Objective findings include positive straight leg raise on the right and abnormal straight leg raise. MRI of the lumbar spine dated 01/20/2014 revealed 2mm broad-based disc bulge at L3-L4 without significant spinal stenosis and with minimal neural foraminal narrowing bilaterally, at L4-L5 there is a 7x5mm low signal structure at the left side of the thecal sac abutting the ligamentum flavum and facet joint, moderate facet degenerative change at this level; osteophytes with 1-2 mm broad based disc bulge; significant left lateral recess stenosis with minimal neural foraminal narrowing; at L5-S1, there is a 1 mm disc bulge without significant spinal stenosis, minimal neural foraminal narrowing with mild facet degenerative changes. Treatment has consisted of TENS unit, physical therapy, electromyography (EMG), epidural steroid injections, Ibuprofen and Prilosec. The utilization review determination was rendered on 10/23/2014 recommending non-certification of continued aquatic therapy for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Aquatic Therapy for the Low Back:** Upheld

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

**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, Aquatic Therapy; Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment 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." MD Guidelines similarly states, "If the patient has subacute or chronic low back pain (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." Regarding the number of visits, MTUS guidelines 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." The Official Disability Guidelines 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided indicate that this patient was non-compliant with a home exercise program. Additionally, the medical records do not indicate that objective findings of functional improvement from the initial trial of aquatic therapy, which is needed to extend and continue additional therapy. As such, the request for continued aquatic therapy for the low back is not medically necessary.