

<b>Case Number:</b>	CM14-0197092		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 40 year old male with an injury date of 10/11/06. Based on the 08/21/14 progress report, the patient complains of severe back pain, muscle spasms, shooting pain persisting down his left leg. He ambulates with limp and uses a cane. He rates his pain as a 4/10 with medications and a 10/10 without medications. The 09/18/14 report states that the lower back exam reveals a limited range of motion. Both right and left straight leg raise cause left-side back pain that radiates in the left buttock and posterior thigh. He reports altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. Palpation reveals rigidity in the lumbar trunk suggesting muscle spasm. The 10/16/14 report indicates that the patient continues to have severe back pain, muscle spasms, and pain down his left leg. No additional exam findings were provided. The patient's diagnoses include the following: Chronic back pain with left leg sciatic symptoms; MRI revealing an L5-S1 disk herniation entrapping the left S1 nerve root with sacralization of the L5 vertebral body Morbid obesity, possibly affecting back pain. History of gastric bypass surgery previously with weight gain. History of vitamin B12 deficiency with increasing weight gain Chronic dermatitis, eczema, psoriasis in his hands, feet, elbows, and knees. History of folliculitis, history of recurring skin abscesses, currently has a skin abscess in the right axillary region Hyperlipidemia and GERD Recent hospitalization for pneumonia and sepsis History of depression and anxiety The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 02/06/14- 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Low Back Aquatic therapy

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

**Decision rationale:** According to the 10/16/14 report, the patient presents with severe back pain, muscle spasms, and pain down his left leg. The request is for Aqua Therapy to help him with his deconditioning and improve range of motion and strength in his lumbar trunk. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: 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) In this case, the patient is diagnosed with morbid obesity. The 10/16/14 report states that the treating physician "would like to restart him on some water therapy... additional 12 visits of water therapy to help him with his deconditioning and improve range of motion and strength in his lumbar trunk." It appears as though the patient has had prior aquatic therapy; however, there is no indication of when this therapy occurred or how frequently. There is no documentation of any functional improvement from the therapy either. Due to lack of documentation, the requested aquatic therapy is not medically necessary.