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| <b>Case Number:</b>   | CM14-0211631 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 04/09/2014 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old male who reported an injury on 04/09/2014. The mechanism of injury was not provided. The clinical note dated 11/20/2014, noted the injured worker presented with complaints of constant moderate dull, achy, sharp low back pain that is aggravated by sitting, standing, and walking. Upon examination of the lumbar spine, there were trigger points noted over the paravertebral muscles to the lumbar spine with decreased range of motion. The range of motion values for the lumbar spine revealed 45/60 degrees of flexion, 20/25 degrees of extension, and 25/25 degrees of bilateral bending. There was tenderness to palpation over the lumbar paravertebral muscles, and muscle spasm of the lumbar paravertebral muscle, with a positive Kemp's test bilaterally. There was a positive right sided straight leg raise. The diagnoses were lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain, GERD, and gastritis. Prior therapy included medications and physical therapy. The provider recommended aquatic therapy 3 times a week for 4 weeks for the lumbar spine. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 3 times a week for 4 weeks for lumbar spine qty: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for aquatic therapy 3 times a week for 4 weeks for the lumbar spine, with a quantity of 12, is not medically necessary. The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available, as an alternative to land based physical therapy. Aquatic therapy minimizes the effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 10 aquatic therapy sessions over 4 weeks. The injured worker had participated in previous physical therapy sessions. The amount of the physical therapy sessions and the efficacy of those sessions were not provided. The injured worker is not recommended for reduced weight bearing exercise. Additionally, the provider's request for aquatic therapy 3 times a week for 4 weeks would exceed the guideline recommendations. As such, medical necessity has not been established.