

<b>Case Number:</b>	CM15-0001070		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 44 year old male, who sustained an industrial injury on 2/19/14. He has reported severe low back pain. The diagnoses have included lumbar disc hernia and lumbago. Treatment to date has included oral medications, MRI, physical therapy and chiropractic sessions. Currently, the injured worker complains of constant low back pain 8-9/10 and numbness the right thigh and knee. The treating physician is requesting aqua therapy 2 x a week for 6 weeks. On 12/16/14 Utilization Review non-certified a request for aquatic therapy/exercise 12 sessions. The UR physician noted the MTUS guidelines for aquatic therapy. On 1/5/15, the injured worker submitted an application for IMR for review of aquatic therapy/exercise 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine, page(s) 22, 98-99 Page(s): 22, 98-99. Decision based on Non-MTUS Citation Low Back, Aquatic Therapy 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. 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. The medical documents provided do not indicate any concerns that patient was extremely obese. Records indicate that the patient was exercising at his own home gym. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. 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); & (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 number of requested visits is in excess of the initial six trial visits. As such, the request for Aquatic therapy for the lumbar spine x 12 sessions is not medically necessary.