

<b>Case Number:</b>	CM15-0006504		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30-year-old male who reported an injury on 07/01/2013. The mechanism of injury was the injured worker was loading a box weighing less than 50 pounds. The diagnosis included lumbosacral strain, arthrosis, and discopathy with central and neural foraminal stenosis. Prior therapies included physical therapy, rest, medications, work restrictions, heat, ice, lumbar support, muscle stimulator, chiropractic therapy, and a home exercise program. Diagnostic studies were noted to include an MRI of the lumbar spine on 10/01/2013. Additional diagnostic studies included x-rays of the lumbar spine. Surgical history was noncontributory. The documentation submitted for review was dated 10/16/2014. The documentation indicated the injured worker had pain in the lumbar spine with radiation down to the left posterolateral lower extremity and to the foot in an L5-S1 distribution. The medications were noted to include hydrocodone, naproxen, Soma, and aspirin. The physical examination revealed, per the documentation, that the injured worker was morbidly obese. The injured worker was 6 feet 1 inch tall and weighed 310 pounds. The injured worker was noted to ambulate with an antalgic gait favoring the left. The injured worker had tenderness to palpation over the spinous processes with marked paraspinal hypertonicity. There were myofascial trigger points at L3-S1 levels. The sciatic notches were tender bilaterally. Sensation was reduced in the left lower extremity in the L5 distribution. The straight leg raise test was positive at 45 degrees on the left and positive at 60 degrees on the right. The facet loading test was positive. The injured worker had decreased range of motion. The diagnosis included disc protrusion L4-5 and L5-S1. The treatment plan included epidural steroid injection as it was indicated the injured worker had

failed conservative therapy, including activity modification, drug therapy, and physical therapy. Additionally, the documentation indicated the injured worker should undergo a weight loss program and continue his home exercise therapy. There was no Request for Authorization submitted for review for the requested aquatic therapy nor rationale submitted. The original date of request could not be determined through the supplied documentation.

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

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

**Aquatic Therapy 2 Times A Week For Six Weeks, Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise where reduced weight bearing is desirable. The treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis is 8 to 10 visits. The clinical documentation submitted for review failed to indicate the injured worker had a necessity for reduced weight bearing. Additionally, the injured worker had utilized physical therapy and there was a lack of documentation of quantity of sessions, as well as objective functional benefit received. There was a lack of documentation of remaining functional deficits to support the necessity for 12 additional sessions of therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for aquatic therapy 2 times a week for 6 weeks, lumbar spine is not medically necessary.