

<b>Case Number:</b>	CM15-0105599		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/09/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

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 49-year-old female who sustained an industrial injury on 02/09/2014. Diagnoses include lumbar sprain/strain, myospasm, lumbar disc protrusion, lumbar neural foraminal stenosis, and rule out lumbar radiculitis versus radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. A physician progress note dated 03/03/2015 documents the injured worker has constant severe dull, achy, sharp, burning low back pain, stiffness, heaviness and tingling. Medications help with the pain. Lumbar range of motion is restricted and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral S1 joints. Kemp's causes pain bilaterally. A physician progress note dated 04/02/2015 documents she complains of constant moderated low back pain stiffness and cramping. She uses a stationary bike at home but it causes her to be sore. Lumbar range of motion is restrict and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral S1 joints. Kemp's causes pain bilaterally. Treatment requested is for 18 Aquatic therapy sessions, 3 times a week for 6 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Aquatic therapy sessions, 3 times a week for 6 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic) Aquatic therapy for the lumbar spine.

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

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 142 and height of 4'6" in a progress note dated 3/3/2015. Therefore, this request is not medically necessary.