

<b>Case Number:</b>	CM15-0132159		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/16/2000
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old female who reported an industrial injury on 5/16/2000. Her diagnoses, and or impression, were noted to include: sacrum disorder; lumbar segmental instability; and lumbago. No current imaging studies were noted. Her treatments were noted to include physical therapy with multiple treatment modalities; injection therapy; medication management; and rest from work as she is noted to be permanently, partially disabled. The progress notes of 5/19/2015 reported severe, constant pain in the low back that radiated into the lower extremities, was aggravated by activities, and caused difficulty with sleep. Objective findings were noted to include no acute distress; tenderness and spasms in the lumbar para-vertebral muscles; positive seated nerve root test; guarded and restricted lumbar range-of-motion; and tingling/numbness in the lower extremities at the lumbosacral dermatomes. The physician's requests for treatments were noted to include aqua therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy lumbar spine, one to two times per week for four weeks (1-2x4): 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 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy lumbar spine 1 to 2 times per week for four weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar segmental instability; status post right hip replacement; and internal arrangement bilateral knees. The date of injury is May 16, 2000. Request for authorization is dated June 17, 2015. On March 15, 2015, the treating provider requested a course of physical therapy two times per week times four weeks. According to a progress note (physical therapy) dated May 26, 2015, the documentation indicates the injured worker was improving and instructed on a home exercise program. On May 29, 2015, the injured worker reports an exacerbation of low back pain radiating to the lower extremities. The treating provider requested a course of aquatic therapy. There is no documentation of failed land-based therapy. There is no documentation indicating reduced weight-bearing is desirable thereby necessitating aquatic therapy. Consequently, absent clinical documentation of fail land-based physical therapy and documentation indicating reduced weight-bearing is desirable, aquatic therapy lumbar spine 1 to 2 times per week for four weeks is not medically necessary.