

<b>Case Number:</b>	CM15-0162496		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Emergency 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:

The injured worker is a 32 year old female, who sustained an industrial injury on February 04, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar sprain and strain, lumbar disc protrusion, left lumbar radiculopathy, depression, and gastrointestinal discomfort secondary to use of non-steroidal anti-inflammatory medications. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, status post lumbar epidurals, acupuncture, community aqua therapy, and home exercise program. In a progress note dated July 15, 2015 the treating physician reports constant pain to the low back that radiates to the bilateral right lower extremity with the left greater than the right, numbness and tingling and tingling to the left second and third toe, constant pain to the left shoulder that radiates to the arm, and gnawing pain with nausea and heartburn to the stomach. Examination reveals tenderness to the lumbar paraspinal muscles, tenderness to the left sciatic notch, positive straight leg raise on the left and decreased range of motion to the lumbar spine with pain. The injured worker's pain level was rated a 5 out of 10. The medical records provided note prior prescriptions for physical therapy and aqua therapy, but the documentation provided did not indicate any prior therapy sessions performed except for community aqua therapy. The documentation also did not indicate if the injured worker experienced any functional improvement with use of prior therapy. The treating physician requested aquatic therapy for the lumbar spine at three times a week for two weeks for severe flare up of low back pain.

## 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, three times a week for two weeks:** Upheld

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

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

**Decision rationale:** The requested Aquatic Therapy for the lumbar spine, three times a week for two weeks, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, 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." The injured worker has constant pain to the low back that radiates to the bilateral right lower extremity with the left greater than the right, numbness and tingling and tingling to the left second and third toe, constant pain to the left shoulder that radiates to the arm, and gnawing pain with nausea and heartburn to the stomach. Examination reveals tenderness to the lumbar paraspinal muscles, tenderness to the left sciatic notch, positive straight leg raise on the left and decreased range of motion to the lumbar spine with pain. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic Therapy for the lumbar spine, three times a week for two weeks is not medically necessary.