

<b>Case Number:</b>	CM15-0052714		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

### 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 56 year old female, who sustained an industrial injury on 9/16/2011. She reported back pain after replacing brakes on a bus. The injured worker was diagnosed as having status post right shoulder surgery, status post lumbar fusion, multilevel lumbar disc protrusion, lumbar facet hypertrophy, and lumbar radiculopathy. Treatment to date has included medication, physical therapy, x-ray, myelogram, chiropractic treatment, subacromial injection, home exercise program, lumbar epidural steroid injection, lumbar spine fusion, and computed tomography scan. The request is for aqua therapy for the lumbar spine. On 3/11/2015, Utilization Review non-certified indicating no indication of intolerance of land based therapy. On 9/12/2014, she complains of low back pain. The treatment plan included continuation of her home exercise program, and recommendation of topical pain medications. The records indicate she made little progress with therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy for the Lumbar spine, twice a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22; 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient was injured on 09/16/2011 and presents with a burning pain in her lower back with numbness down her right anterior thigh. The request is for AQUA THERAPY FOR THE LUMBAR SPINE, TWICE A WEEK FOR 3 WEEKS. There is no RFA provided and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had any prior aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines page 22 state, 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 effect of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Plus active self-directed home physical medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis 8 to 10 visits are recommended. Review of the reports provided does not indicate if the patient has had any prior aquatic therapy. The report with the request is not provided, nor is there any discussion regarding this request. There is no indication of any recent surgery the patient may have had either. In this case, there is no discussion provided as to why the patient needs aquatic therapy and could not complete land-based therapy. None of the reports mention that the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Furthermore, the requested 12 sessions of aquatic therapy exceeds what is allowed by MTUS Guidelines. The requested aquatic therapy IS NOT medically necessary.