

<b>Case Number:</b>	CM15-0055283		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 39-year-old female who sustained an industrial injury on 07/18/2011. Diagnoses include right lumbar radiculopathy, chronic low back pain, status post discectomy, status post right L5-S1 laminectomy and bilateral sacroiliitis. Treatment to date has included medications, lumbar discectomy and laminectomy and physical therapy. Diagnostics performed to date included electrodiagnostic studies and MRIs. According to the progress notes dated 2/6/15, the IW reported low back and right lower extremity pain rated 3/10. She stated her current medications were helpful. On examination, tenderness and spasms were present in the paraspinal muscles with stiffness noted on motion of the spine. A request was made for full water program at local gym for 6 months (lumbar) to allow the IW to increase her exercise level and strength and to decrease her pain level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full water program at local gym for six months (lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state that: 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. MD Guidelines similarly states: If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. Therefore, the request is not medically necessary.