

<b>Case Number:</b>	CM15-0062080		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on March 2, 2014. He has reported lower back pain and sciatica. Diagnoses have included lumbar spine disc displacement and sciatica. Treatment to date has included medications, physical therapy, acupuncture, imaging studies, and diagnostic testing. A progress note dated March 5, 2015 indicates a chief complaint of lower back pain and sciatica that has improved with treatment. The injured worker stated that he experienced lower extremity fatigue with walking. The treating physician documented a plan of care that included medications, aqua therapy, and additional acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for low back x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**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 to the lower back times 12 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. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sciatica; and lumbar disc displacement without myelopathy. The documentation, according to a March 2, 2014 progress note, states the injured worker received 12 prior land-based physical therapy treatment sessions to the lumbar spine with significant improvement. Concurrently, six acupuncture sessions were authorized and rendered to the injured worker with significant improvement. The treating physician states the injured worker is morbidly obese. There are no heights, weights or BMIs in the medical record. There is no clinical rationale for aquatic therapy when land-based therapy resulted in significant improvement. Additionally, when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The guidelines recommend 10 visits over eight weeks for strains and sprains of the lumbar spine. The injured worker received physical therapy sessions according to the recommended guidelines (12). Consequently, absent compelling clinical documentation with objective functional improvement (12 prior sessions) with a clinical rationale for aquatic-based therapy when land-based therapy resulted in "significant improvement", aquatic therapy to the lower back times 12 is not medically necessary.