

<b>Case Number:</b>	CM14-0127004		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee is a 57 year old male with date of injury of 11/3/1998. A review of the medical records indicates that the patient is undergoing treatment for chronic pain syndrome, lumbar radiculopathy, and degenerative disc disease of the lumbar spine. Subjective complaints include continuing low back pain shooting into both lower extremities. Objective findings include decreased lumbar range of motion, positive leg raise bilaterally, tenderness to palpation of the paravertebral muscles in the lumbar region. Treatment has included Norco, Valium, Zanaflex, Lyrica, Trazodone, Ibuprofen, Lidoderm patch, Flector patch, epidural steroid injections, and a home exercise program. The utilization review dated 8/8/2014 non-certified 24 sessions of aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 times a week for 12 weeks for the lumbar spine quantity #24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine, Page(s): 22, 98-99. Decision based on Non-MTUS Citation 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 (low back pain) and meets criteria for a referral for supervised exercise therapy and has comorbidities (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. 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 at home as he is currently doing. As such, the current request for 2 times a week for 12 weeks sessions of aquatic therapy is not medically necessary.