

<b>Case Number:</b>	CM14-0140703		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 is a patient with a date of injury of September 12, 2012. A progress report dated July 3, 2014 identifies subjective complaints of low back pain. The pain is relieved with injection and pain medicine and exacerbated with activity. The patient states that she fell on May 5, 2014 and has since had worsening of tingling and numbness in the right foot. The patient also had a fall over 2 weeks ago with increasing low back pain. The patient is able to walk around and do chores around the house. Physical examination findings revealed tenderness to palpation around the sacroiliac joint with positive facet loading and a sensory deficit in the right L5 dermatome. Diagnoses include lumbar pain and lumbar facet arthropathy. The treatment plan recommends continuing MS Contin and Percocet. A progress note dated February 27, 2014 indicates that the patient is unable to do squats or lunges because they make her back to sore and painful. Future medical treatment recommends lap swimming as a treatment program to increase core body strength. A progress report dated July 31, 2014 identifies subjective complaints of low back pain. The patient states that she is able to walk around the home and do chores around the home due to the pain medication. Physical examination findings reveal no motor deficits. The current diagnoses include lumbar pain and facet arthropathy in the lumbar spine. The treatment plan recommends continuing her current medication, request x-rays of the hips, and request authorization for aquatic therapy of the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of aquatic therapy (2 times per week for 6 weeks) for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it is unclear whether the patient has previously undergone physical therapy or aquatic therapy. Additionally, it is unclear how the patient's home exercise program has been modified in an attempt to allow the patient to strengthen her core muscles. It is noted that the patient has had multiple falls recently, which may indicate that aquatic therapy would be a reasonable treatment option. However, guidelines recommend an initial trial of a proximately 6 visits of aquatic therapy. More therapy is recommended based upon documentation of objective functional improvement from the initial trial. As such, the currently requested aquatic therapy is not medically necessary.