MAXIMUS Federal Services

| Case Number: | CM14-0160216 | | |
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| Date Assigned: | 10/03/2014 | Date of Injury: | 03/20/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

## 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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 59 year old female who reported an injury on 03/20/2012 due to cumulative trauma. She is diagnosed with lumbar sprain/strain. Her past treatments included modified work activity, chiropractic therapy, electrical stimulation and massage. The MRI report, dated 05/29/2014, revealed no significant abnormalities of the lumbar spine. Pertinent past surgical history was not provided. During a clinical visit on 09/19/2014, the injured worker rated her lower back pain at 3-5/10. The previous clinical note, dated 07/28/2014, indicated the injured worker participated in limited exercise and mobility due to pain. The physical findings, on 09/19/2014, revealed lumbar range of motion at extension to 10 degrees, forward flexion to 20 degrees, and bilateral tilt to 15 degrees which is consistent with the physical findings on 08/22/2014 and 07/28/2014. Medication regimen included Naproxen for pain. The treatment plan included to continue with 6 visit trial supplemented by an additional 8 visits of acupuncture therapy, 8 visits of aqua therapy, prescriptions for Cyclobenzaprine and Tramadol for pain, a urine drug test to monitor medication compliance, a temporarily totally disabled status for 45 days, and an orthopedic re-evaluation in 6 weeks. A request was received for 8 visits aqua therapy for the lumbar spine. The Request for Authorization for 8 visits aqua therapy for the lumbar spine was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 visits Aqua Therapy for the Lumbar Spine (Alighn Network 866-389-0211):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Physical Medicine Page(s): 22, 98.

**Decision rationale:** The California MTUS Guidelines recommends aquatic therapy as an alternative exercise therapy to physical therapy and exercise therapies require an internal effort by the individual to complete a specific exercise or task under the supervision of a therapist or medical provider. The injured worker is also required to complete a home exercise program concurrently to maintain levels of improved functional mobility, flexibility, strength, range of motion, endurance, and to alleviate pain. Furthermore, evidence-based studies state the effectiveness of a treatment is less likely for injured workers suffering from chronic pain the longer he/she is unable to work. 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. The physical examinations submitted indicate no improvement of functional mobility and injured worker reported the inability to complete home exercises. She has also been noted to be temporarily totally disabled, has not worked since 05/16/2014 due to chronic pain and limited mobility, and no further evidence of functional therapies or response to therapies were provided. In addition, there is a lack of documentation did not indicate the patient required treatment that minimized the effects of gravity. Based on the documentation submitted, the request is not supported. As such, the request for 8 visits Aqua Therapy for the lumbar spine is not medically necessary.