

<b>Case Number:</b>	CM14-0210616		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 41 year old male with the injury date of 04/11/14. Per physician's report 10/27/14, the patient has pain in his lower back and left hip from a falling injury. The patient is currently taking Naproxen, Cyclobenzaprine, Pantoprazole, Zolpidem and Hydrocodone. The patient's height is 5'7" and weight is 210 lbs. EMG/NCV studies of bilateral lower extremity demonstrate normal findings. Per 09/17/14 report the patient has low back pain. The patient presents decreased range of lumbar motion with spasms over L1-S1, left greater than right. SLR and Ke,p's test is positive. The lists of diagnoses are:1) Neuralgia, Neuritis and radiculitis2) Lumbar strain/sprain3) Major depression and anxiety features MRI of the lumbar spine 07/21/14 shows 1) L4-L5 and L5-S1 intervertebral disc desiccation 2) 2.2mm broad-based left posterilateral foraminal disc protrusion at L5-S1. MRI of the left hip 07/21/14 shows 2.5cm fat-containing left inguinal hernia. Per 06/23/14 progress report, the patient has lower back pain, radiating down his left leg at 9/10. The patient has had acupuncture in the past with help. The patient had physical therapy between 06/05/14 and 09/16/14. The utilization review determination being challenged is dated on 11/13/14. Treatment reports were provided from 06/05/14 to 10/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for 12 sessions of Aqua Therapy for the lower back. None of the reports discuss aqua therapy except the request. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, 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." In this case, the treater has asked for aqua therapy but does not discuss why this is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. There is no discussion of treatment history and why therapy intervention is needed right now. The request is not medically necessary.