

<b>Case Number:</b>	CM15-0172824		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, with a reported date of injury of 04-09-2014. The mechanism of injury was the result of pulling a bar of metal wiring over his shoulder. As a result, he felt and heard a "pop" sound on his lower back with sharp pain. The diagnoses include low back pain, sciatica, lumbar radiculitis, lumbar spine herniated disc, lumbosacral spine herniated disc, lumbar spinal stenosis, lumbar spine disc disorder with myelopathy, lumbar spine disc degeneration, lumbar facet arthropathy, lumbar sprain and strain, and lumbar myospasm. Treatments and evaluation to date have included chiropractic treatment, trigger point impedance imaging on 07-21-2014, 07-28-2014, 08-06-2014, and 08-11-2014, Cyclobenzaprine, Naproxen, and physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 07-26-2014 which showed disc desiccation at T12-L1 through L5-S1 with associated loss of disc height, an hemangioma at L2, broad-based disc protrusion at L1-2, L2-3, L3-4, L4-5, and L5-S1; an x-ray of the lumbar spine on 05-15-2014 which showed mild discogenic spondylosis from L1-2 through L5-S1; an MRI of the lumbar spine on 03-24-2015 which showed spondylolysis at the T11-T12 through L5-S1 levels, disc protrusion at L5-S1, L4-5, and L3-4 levels; a urine drug screen on 04-23-2015; and electrodiagnostic studies on 03-11-2015 with normal findings in the bilateral lower extremities. Past aqua therapy was successful in decreasing spasm and pain level while increasing range of motion. The progress reports dated 06-26-2015 and 07-24-2015 indicate that the injured worker complained of constant moderate low back pain, rated 6 out of 10, with radiation to both feet with numbness. He also complained of increased pain in the lower extremities. The objective findings (06-26-2015 thru 07-24-2015)

include decreased motor function in the hamstrings; use of foot orthotics; decreased and painful range of motion of the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; pain with bilateral Kemp's; and positive right straight leg raise test. The treatment plan included a referral to aquatic therapy, 8 sessions, to increase range of motion and activities of daily living, and to decrease pain. The injured worker had been instructed to remain off work until 08-10-2015. On 07-24-2015, the injured worker had been instructed to remain off work until 09-07-2015. The treating physician requested eight aquatic therapy visits for the lumbar spine. On 08-21-2015, Utilization Review (UR) non-certified the request for eight aquatic therapy visits for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 8 visits lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** CA MTUS guidelines state that aqua 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)". As noted in the medical records the IW previously attempted 6 sessions of aquatic therapy with positive response in both decreasing spasm and pain level while increasing functional capacity. Based on positive past results and objective findings of lumbar disc pathology, the requested treatment is appropriate.