

<b>Case Number:</b>	CM15-0179136		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 24 year old male, who sustained an industrial injury on December 21, 2011. Medical records indicate that the injured worker is undergoing treatment for lumbar muscle spasm, lumbar disc protrusion, lumbar radiculopathy, testicular pain and loss of sleep. The injured worker was not working. Current documentation dated August 17, 2015 notes that the injured worker reported frequent mild, dull achy low back pain, stiffness and numbness. The injured worker also noted testicular pain, loss of sleep, anxiety and irritability. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and sacroiliac joints. Muscle spasms were noted over the paravertebral muscles. A Kemp's test caused pain. A straight leg raise test caused pain on the right. Range of motion was painful. Treatment and evaluation to date has included medications, lumbar MRI (2014), physical therapy, chiropractic treatments, biofeedback, epidural steroid injections, neurosurgical evaluation and lumbar spine surgery on February 6, 2015. A current medication record was not found in the medical records. The treating physician's request for authorization dated August 17, 2015 includes a request for aqua therapy three times a week for six weeks. The Utilization Review documentation dated August 25, 2015 non-certified the request for aqua therapy three times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 3 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in December 2011 and is being treated for low back pain with lower extremity numbness and testicular pain. He underwent a lumbar decompression in February 2015 and was discharged from physical therapy with a home exercise program after reaching maximal benefit in July 2015. When seen, his BMI was over 35. There was pain with lumbar range of motion with positive Kemp's testing and pain with right straight leg raising. There was lumbar tenderness and there were muscle spasms. Aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate as he has ongoing pain after completion of land-based physical therapy. However, if there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.