

<b>Case Number:</b>	CM13-0049201		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 53-year-old female with date of injury 07/18/12. The patient has diagnoses of lumbar degenerative disc disease with radiculitis, right leg. According to the AME (Appointed Medical Examiner) dated 03/02/13 by [REDACTED], the patient presents with low back pain radiating into the right leg with such activities as walking, sitting and standing, improved with lying down and medication. She describes her back pain as aching, radiating pain. There is also some tingling into the heel. Physical examination shows difficulty walking on her toes and heels on the right foot. There is varus or valgus deformity of either knee. She had tenderness in the paraspinal muscles and also in the sciatic notch on the right and not the left. MRI (magnetic resonance imaging) Lumbar-spine from 2012 showed multi-level spondylosis with severe foraminal stenosis on left at L5-S1. C-spine MRI's showed multi-level bulging discs with 4 mm bulge at C5-6(2009). The current reports are missing and there are reports from early 2013 by [REDACTED] and [REDACTED] from January 2013. The current request is for 27 additional aquatic therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient aquatic therapy two to three times a week for a total of 27 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The patient has chronic back pain radiating to her right leg. The utilization report (UR) dated 10/29/13 references a progress report by [REDACTED], but was not made available for review. This UR report indicates that the patient had some 20 aquatic therapy visits recently. No therapy reports were provided for this review and the duration/number of treatments provided cannot be verified. The treater's report containing the request is missing from file and I cannot determine the reason for such an extensive course of therapy. None of the reports from early 2013 contain any information that would help understand the current request. No therapy reports are provided for review. The MTUS guidelines recommend aquatic therapy as an option for land-based PT (physical therapy) in patients that could benefit from decreased weight-bearing. For number of treatments recommended, MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis type symptoms. The patient is not post-operative and post-operative guidelines do not apply. The current request for 27 therapy visits far exceeds what is allowed by MTUS. The recommendation is for denial.