

<b>Case Number:</b>	CM13-0068336		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 49-year-old male who reported an injury on 04/26/2006. The mechanism of injury was not provided in the medical records. The patient was diagnosed with postlaminectomy syndrome, lumbar region. The patient's symptoms included pain going down both legs, mostly on the left, and across his low back. He described the pain in his legs as sharp and stabbing, and the pain in his lower back as dull and aching. The patient's pain level was noted to be 8/10. Physical examination revealed the extensor hallucis longus was out of both legs and the patient was only able to produce +1 level of motor strength for the peroneals, anterior tib, the quadriceps, and the hamstrings due to pain. The patellar reflexes were +1 on the right and left. Sensory exam of L4 had decreased light touch on the right than on the left, predominantly S1-2, and had positive straight leg raising on the right at 45 degrees and on the left at 45 degrees. Examination of the lumbar region was noted to have a flexion of 30 degrees, extension 20 degrees, lateral bending 20 degrees to the right and 30 degrees to the left, and rotation was noted to be 50 degrees to the right and 50 degrees to the left. Past medical treatment included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of aquatic therapy for the lower back and legs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-

MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition, Chapter: Low Back- Physical Therapy (PT)

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

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is an optional form of exercise therapy that is specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits. The documentation submitted for review indicates that the patient continues to experience low back pain and was noted to have a decreased range of motion of the lumbar spine. The documentation also indicates that the patient has had previous physical therapy treatment. However, in the absence of details regarding previous physical therapy treatment, such as duration of treatment and measurable objective functional gains made, and documentation of the need for aquatic therapy, the request for additional physical therapy is not supported. Given the above, the request for 12 sessions of aquatic therapy for the lower back and legs is non-certified.