

<b>Case Number:</b>	CM13-0071903		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 58 year old female who reported an injury on 08/10/1995. The injured worker was evaluated on 11/20/2013 status post radiofrequency ablation about 5 months prior to this exam. She reported that pain had decreased 70-80% and that the relief is wearing off. She does minimal activity, but she stated that she walks at home. She had not participated in physical therapy for a long time. She has been using prescribed medications for pain relief including Oxycodone and Duragesic patches. On this visit she received a Toradol injection because she presented with back pain and described it as aching and constant. She rated her pain at 8/10 with use of medication. She was diagnosed with lumbago. An exam on 12/16/2013 documented the injured worker as having intermittent stabbing pain in the lumbar region that extended to both legs without numbness and she states that the pain medications did not help. She rated pain that day of 7/10. The physical exam findings included overall range of motion was very limited in flexion and extension. The treatment plan was to continue with medications and a follow up visit in 4 weeks. The documents submitted for review did not contain a request for authorization of medical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS IN TREATMENT OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

**Decision rationale:** The request for aquatic physical therapy three times per week for four weeks in treatment of the lumbar spine is not medically necessary. The injured worker reports ongoing lumbar back pain. She had a radiofrequency ablation and this improved symptoms 70-80% but she now reports that the relief is wearing off. She uses pain medication and reports that the medications only bring pain down to 7/10. The injured worker walks at home and had not had physical therapy for a long time. The CA MTUS Chronic Pain Medical Treatment Guidelines state aquatic therapy is an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The guidelines also provide up to 10 visits over 8 weeks. The documentation submitted for review do not give enough information to determine functional limitations and the request is for 12 visits of therapy. For these reasons the request does not meet the criteria for the CA MTUS Chronic Pain Medical Treatment Guidelines for aquatic therapy and physical medicine. As such, the request is not medically necessary.