

<b>Case Number:</b>	CM14-0100633		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, 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 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 67-year-old female with a date of injury of 10/10/2007. The medical file provided for review includes 2 progress reports, one from [REDACTED] from 12/15/2013 and second from [REDACTED] from 12/20/2013. [REDACTED] is the requesting physician. According to progress, report 12/22/2013 by [REDACTED], the patient presents with intermittent moderate low back pain with radiation down to left leg to the calf. The patient reports numbness in the left thigh aggravated with prolonged standing. The patient reports losing about 30 pounds with aquatic therapy, with 70% improvement of pain symptoms as well as increased range of motion. Examination of the lumbar spine revealed tenderness to palpation over the left Para lumbar musculature as well as left sciatic notch. Muscle spasm was noted. The listed diagnoses per [REDACTED] [REDACTED] are: 1. Lumbar spine sprain with radicular complaints status post lumbar spine posterior decompression and L4-L5 fusion (2008) 2. Status post AME of ROTH. Utilization review states that this is a request for "8 additional Aqua Physical Therapy (2 times per week for 4 weeks) for the Lumbar Spine." Utilization review denied the request on 06/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure:** Upheld

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

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

**Decision rationale:** This patient is status post lumbar fusion from 2008 and presents with chronic low back pain. The medical file provided for review includes 2 progress reports from 2013. This is a request for 8 additional aquatic therapy sessions. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file includes physical therapy treatment reports, which indicate the patient, received 6 pool therapy sessions between 12/09/2013 through 12/30/2013. Physical therapy report from 12/30/2013 indicates that the patient continues to complain of muscle soreness, especially in her right shoulder/arm. The report goes on to note that the patient's low back pain has improved, and she is able to forward bend using correct body mechanics. In this case, the treater does not discuss weight-bearing issues with this patient. Furthermore, the patient has already participated in 6 aquatic therapy sessions and the requested additional 8 sessions exceeds what is recommended by MTUS. Recommendation is not medically necessary.