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| <b>Case Number:</b>   | CM14-0106688 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 07/12/2000 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2014 |

### 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 Pain Medicine, and is licensed to practice in Pennsylvania, Ohio, Michigan, and 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 injured worker is a 60-year-old male with a reported July 12, 2000 date of injury. The mechanism of injury is described as a slip and fall. The diagnosis is lumbosacral radicular pain and non-specific low back pain. The operative reports reveal medial branch block on January 08, 2014 with no benefit. Three epidural steroid injections are administered on February 10th, March 7th and April 9th, 2014. Multiple requests for trigger point injections are noncertified. According to the March 28, 2014 examination, the injured worker reports no improvement of low back pain. There is bilateral gluteal tightness noted. Straight leg raise is limited to 30 degrees hamstring. The lumbar MRI scan dated March 25, 2014 reveals right-sided laminectomy defect noted at the L5-S1 level. Moderate spinal stenosis at various levels of the lumbar spine are also noted. Treatment plan is to continue with use of Norco for pain and also attend six aquatic therapy visits for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Aquatic Therapy to the Lumbar Spine (2 x for 3 weeks): 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 Official Disability Guidelines (ODG), Low Back Lumbar and Thoracic (Acute and Chronic), Physical therapy (PT)

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines note water exercise improves the quality of life and assist with balance. The injured worker has reached a functional plateau and no further functional progress would be expected. Therefore, the request for 6 sessions of aquatic therapy to the lumbar spine (twice weekly x 3 weeks) cannot be deemed as medically necessary.