Case Number:	CM14-0123497		
Date Assigned:	08/06/2014	**Date of Injury:**	07/29/2011
Decision Date:	09/17/2014	**UR Denial Date:**	07/02/2014
Priority:	Standard	**Application Received:**	07/29/2014

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 Sports Medicine and is licensed to practice in Georgia. 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 62 year old male who was injured on 07/29/2011 while pushing a car out of the street. Prior treatment history includes lumbar epidural injections, 8 sessions of physical therapy. The patient also underwent bilateral L4-5 and bilateral L5-S1 transforaminal cannulation lumbar epidural space (epidural injections) on 05/30/2014.Diagnostic studies reviewed include MRI of the cervical spine dated 01/10/2013 revealed a 2mm anterolisthesis of T1-T2. At C4-5 there is partial dehydration of the sac; there is a 3 mm posterior disc protrusion with encroachment on the subarachnoid space; there is encroachment of the right foramen with compromise of the exiting nerve root contributed to by osteophyte formation for the right uncovertebral joints of Luschka. At C5-C6, there is partial dehydration of the sac; there is a 2-3 mm posterior disc protrusion; there is no cord or neural foramen compromise. There is a 3 mm anterior disc protrusion. At C6-7, there is a 2 mm posterior disc bulge with encroachment on the subarachnoid space; At T1-2, there is anterolisthesis as noted above. There is a 2 mm pseudo and/or true posterior disc protrusion with encroachment of the subarachnoid space. An EMG/Nerve conduction study dated 10/19/2011 revealed evidence of a suspected demyelinating peripheral polyneuropathy. There were no electroneurographic indicators of entrapment neuropathy in the lower extremities. There were no electromyographic indicators of acute lumbar radiculopathy seen. Progress report dated 06/09/2014 noted the patient presented with complaints of low back pain radiating down to the bilateral lower extremities, left greater than right. He reported pain aggravation with activity. The pain was rated as 2/10 with medication and 3/10 without medications. Objective findings on exam revealed range of motion of the cervical spine was restricted due to the pain. Lumbar spine exam revealed spasm in the bilateral paraspinal muscles. There was tenderness to palpation in the spinal vertebral L4-S1 levels. Range of motion of the lumbar was restricted and limited, with pain which increased with extension, flexion, and rotation. Seated straight leg raise was positive

bilaterally at 70 degrees. The patient was diagnosed with chronic pain, lumbar radiculopathy and lumbar facet arthropathy. A recommendation was made for aqua/pool therapy and home exercise program, with the report indicating the patient had reported significant improvement in pain control and functional improvement since completing once course of aqua/pool therapy. His refill for Tizanidine was held as the patient had an adequate supply. It was also noted the patient had been prescribed and was taking Flexeril from another provider. Prior utilization review dated 07/02/2014 stated the request for Aqua Therapy Lumbar Spine 1-2 times a week for 4 weeks is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for the lumbar spine, 1-2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Aquatic Therapy.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) and Official Disability Guidelines (ODG) recommend aquatic therapy "as an optional form of exercise therapy" as an "alternative to land-based physical therapy....specifically recommended where reduced weight bearing is desirable." The ODG notes specifically that weightless running may be advantageous in back pain recovery, citing a randomized controlled trial (RCT) which concluded that water-based exercises "produced better improvement in disability and quality of life of patients with CLBP (chronic low back pain) than land-based exercise." In regards to recommended number of supervised visits, ODG references the physical therapy guidelines, which recommend 10 visits over 8-weeks for lumbar sprains and strains, 9 visits over 8-weeks for more generalized lumbago. ODG also recommends fading of treatment frequency, with inclusion of active self-directed home PT. The medical documents indicate the patient has already undergone 6 sessions of aquatic therapy, based on the records provided, with PT notes from visits #3-8 indicating aquatic therapy was done on those visits.Based on the MTUS and ODG guidelines and criteria of allowing 9-10 aquatic therapy visits, and given the patient has already had 6 sessions of aquatic therapy, the request for 1-2 visits per week of aquatic therapy for 4 weeks is not considered medically necessary.