

<b>Case Number:</b>	CM14-0136748		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & 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 47-year-old male who reported an injury on 02/27/2006. The mechanism of injury is not submitted for review. The injured worker has diagnoses of lumbar myoligamentous, herniated nucleus pulposus at L4-5 and L5-S1 with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, uncontrolled severe hypertension, 3 level positive provocative discography, and right lateral epicondylitis. Medical treatment consists of physical therapy, medication therapy, and an intrathecal morphine pump. Medications consist of Roxicodone, Norco, Neurontin, Wellbutrin, Prilosec, Soma, Lisinopril, clonidine, minoxidil, Lasix, carvedilol, amlodipine, simvastatin, Coumadin, Xanax, and OxyContin. On 08/13/2014, the injured worker complained of low back pain that radiated down to the left lower extremity. Physical examination revealed tenderness to palpation bilaterally with increased muscle rigidity to the lumbar spine. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. It was noted that the injured worker had a flexion of 45 degrees, extension of 15 degrees, left lateral bend of 20 degrees, and right lateral bend of 20 degrees. Deep tendon reflexes revealed patella reflex 2/4 bilaterally, and Achilles tendon reflex 1/4 bilaterally. The treatment plan is for the injured worker to undergo aquatic therapy 3 times a week for 6 weeks. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3x week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Aquatic Therapy, Lumba.

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

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis it is 8 to 10 visits. Given the above, the injured worker is not within the MTUS California recommended guidelines. The submitted report did not indicate that the injured worker had a diagnosis of obesity. Aquatic therapy is recommended only when reduced weight bearing is desirable. Furthermore, the submitted report did not indicate trial and failure of conservative care. There was also no documentation indicating that the injured worker had tried and failed any type of NSAIDs or analgesic medication. Additionally, it was indicated that the injured worker had undergone physical therapy, but there was no documentation revealing what the outcomes of such therapy were. The documentation lacked any evidence showing whether the therapy helped with any functional deficits the injured worker may have had. Additionally, the rationale for the aquatic therapy was not submitted by the provider. The request as submitted indicated for a total of 18 sessions of aquatic therapy, exceeding the recommended guidelines. As such, the request for aquatic therapy 3 times a week for 6 weeks is not medically necessary.