

<b>Case Number:</b>	CM14-0035236		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Management 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:

This is a male patient with the date of injury of October 30, 2012. A Utilization Review was performed on February 17, 2014 and recommended non-certification for aquatic therapy 8 visits to low back and physical therapy low back for 8 visits. An Initial Orthopedic Evaluation dated January 9, 2014 identifies Subjective Complaints of constant moderate to severe hot burning pain in the low back which radiates down the lower extremities. Physical Examination identifies mild discogenic scoliosis. Forward flexion with mild spasm is 15 degrees. Extension is 5 degrees. Tilt to the right and left is 10 degrees with pain and discomfort. There is bilateral paralumbar tenderness. There is some midline interspinous ligament tenderness in the lower lumbar spine. Gait, toe and heel walk reveal a mild antalgic gait. There are decreased lower extremity reflexes, knee and ankle jerk. There is some decreased sensation in the L4, L5 and S1 distribution. There is some mild motor weakness of the lower extremities. Diagnoses identify L4-5 and L5-S1 disc herniation with bilateral lumbar radiculopathy. Treatment Plan recommend eight visits of physical therapy for the lumbar spine and eight visits of aquatic therapy for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight visits of aquatic therapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for 8 Visits Aquatic Therapy Lumbar Spine, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. In addition, there is no indication why the patient would need aquatic and land based physical therapy. The request for eight visits of aquatic therapy for the lumbar spine are not medically necessary.

**Eight visits of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for 8 Visits Physical Therapy Lumbar Spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of six physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is note of functional deficits. While the patient may benefit from a trial of physical therapy, the requested number of sessions exceeds guidelines for an initial trial. Unfortunately, there is no provision in place to modify the request. The request for eight visits of physical therapy for the lumbar spine is not medically necessary or appropriate.