

<b>Case Number:</b>	CM14-0060970		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 65-year-old gentleman with a date of injury from 10/01/10. The patient has a mechanism of injury of low back injury caused while pulling rack out of a hole. The patient has an extensive history of prior treatment that has included medications, physical therapy, modified activity and interventional procedures (injections). He was declared Permanent and Stationary by an Agreed Medical Examiner on 2/28/14 with diagnoses of lumbar facet syndrome, left sciatic joint sprain, and peripheral neuropathy secondary to a failed S1 radiofrequency ablation procedure. The an Agreed Medical Examiner states that this patient will not return to work. Future medical care includes continued treatment with the pain specialist, increasing Gabapentin, continued use of Diazepam for muscle spasm, repeat magnetic resonance imaging (MRI), and psychological consultation. Surgery is not anticipated. 3/12/14 report from the pain specialist notes that another request for authorization is scheduled. This is on the right side for 4 levels. A progress note regarding a follow-up dated 4/03/14 notes ongoing pain symptoms. Exam shows no weakness or foot drop. Sensation is reduced in the bilateral L4-5 dermatomes. The patient is able to heel walk. An Agreed Medical Examiner recommendations is noted. A trial of aquatic therapy is requested for strengthening exercises of his lower extremities. 4/21/14 pain follow-up note indicates that the request for authorization was done in mid-March 2014 with a 60% response. Therapy is recommended post-procedure. A request for aqua therapy times twelve was submitted to Utilization Review on 4/08/14 and denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, ; Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) supports aqua therapy as an optional form of therapy, where the reduced weight bearing is desirable during the rehabilitation process. In this case, the patient has been declared Permanent and Stationary, and an extended course of rehabilitation with therapy is not indicated. That said, the patient had a recent request for authorization procedure, and Official Disability Guidelines (ODG) guidelines do support 1-2 sessions of physical therapy post-procedure. This was submitted to Utilization Review as twelve sessions, and I agree that twelve would not be indicated. As the proper post-procedure amount of therapy, whether aqua or land, is not submitted to IMR, this non-specific request for aqua therapy, with no duration or frequency, is not medically necessary.