

<b>Case Number:</b>	CM14-0073562		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/01/1999
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

The injured worker is a 59-year-old male with a reported date of injury on 06/01/1999. His diagnoses were noted to include lumbar spondylosis, failed spine syndrome, and status post multilevel attempted fusion with pseudoarthrosis. His previous treatments were noted to include chiropractic treatment, surgery, physical therapy, cortisone injections and medications. The progress note dated 05/01/2014, revealed the injured worker complained of low back pain rated 8/10. The injured worker reported his pain could elevate to a 10/10 infrequently. The injured worker revealed his pain radiated to the mid back area, which felt like a burning pain after sitting for too long. The injured worker complained of tingling to his legs and weakness in the joints. The injured worker reported he got an occasional massage, which helped with the burning pain. The physical examination of the lumbar spine revealed marked lumbar pain over the paraspinal muscle, extending into the gluteal muscles. The active range of motion to the lumbar spine was noted to be flexion to 80 degrees, extension to 10 degrees, right/left side bending was to 15 degrees and right/left rotation was to 20 degrees. The neurological examination revealed normal sensation of the bilateral lower extremities and grossly normal motor strength of all major muscle groups. The Request for Authorization form dated 05/05/2014, was for aquatic therapy 2 times a week for 6 weeks, however, the provider's rationale was not submitted within the medical records. The Request for Authorization form for the spa at home and the provider's rationale were not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spa at home:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment.

**Decision rationale:** The injured worker complained of low back pain that rated from 8/10 to 10/10. The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical service and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home to prevent injury, environmental modifications are considered not primarily medical in nature. Certain DME toilet items like commodes or bedpans are medically necessary if a patient is bed or room confined and devices such as raised toilet seats, commode chairs, Sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection or conditions that result in physical limitations. Any assistive devices such electric garage door openers, microwave ovens and golf carts were designed for the fully mobile, independent adult and Medicare does not cover most of these items. The guidelines recommend portable whirlpools that may be medically necessary when prescribed as part of a medical treatment plan for an injury or infection. However, the guidelines recommend whirlpool baths for injured worker's that are homebound. There is lack of documentation regarding the injured worker being homebound to necessitate a spa at home. Therefore, the request is not medically necessary.

**Aquatherapy X 8:** Upheld

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

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

**Decision rationale:** The injured worker complains of low back pain rated 8/10 to 10/10. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines state for myalgia and myositis the recommendation of physical therapy is 9 to 10 visits over 8 weeks. There is lack of documentation regarding the need for reduced weight bearing to necessitate aquatic therapy. Additionally, there is a lack of

documentation regarding quantifiable objective functional improvements from previous aquatic therapy sessions. Therefore, the request is not medically necessary.