

<b>Case Number:</b>	CM14-0078831		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Interventional Spine 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 patient is a 54 year old with an injury date on 5/29/13. Patient reinjured lumbar in May of 2013, and never fully recovered from original injury, and complains of ongoing lower back pain and left leg pain with numbness rated 7/10 per 4/1/14 report. Patient has failed conservative treatment including medication, absence from work, physical therapy, an epidural steroid injection, but is not interested in surgery at this time per 2/6/14 report. Based on the 4/1/14 progress report provided by [REDACTED] the diagnoses are: 1. lower back pain 2. left leg pain Exam on 4/1/14 showed antalgic gait. Strength in lower extremities was 5/5, with reflexes 1+. Gross sensation is intact. Tightness in left lower back area. More complete physical exam on 2/6/14 added: patient stood with 1-inch list to the right, consistent with muscle spasm. Diminished sensation over right lateral leg/sole of foot. Straight leg raise positive bilaterally. Discomfort while seated, typically sitting on right buttock instead of left. [REDACTED] is requesting pool therapy x 3 months for lumbo-sacral spine (total quantity unknown). The utilization review determination being challenged is dated 5/15/14 and rejects request as there is insufficient clinical information to support request. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/14 to 5/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy times 3 months for lumbo-sacral spine (total quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Non-MTUS: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy.

**Decision rationale:** This patient presents with lower back pain and left leg pain and is Click here to enter text.. The treater has asked for pool therapy x 3 months for lumbo-sacral spine (total quantity unknown) on 4/1/14 with report of the same date clarifying: "patient can work with the therapist for six sessions and then after that he can continue with independent program." ACOEM p309 recommends "low-stress aerobic" exercises. MTUS supports water-therapy for situations where decreased weight-bearing is required, such as in extreme obesity. For number of treatments, it recommends 9-10 sessions for myalgia/myositis type of condition. In this case, there is no documentation of extreme obesity and why reduced weight-bearing exercises are required. There is no medical reason why the patient is able to perform the necessary exercises on land or home to improve pain and function. Recommendation is for denial.