

<b>Case Number:</b>	CM14-0083310		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 General Surgery and is licensed to practice in Texas. 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 52 year old male truck driver with a reported date of injury on December 01, 2010. The mechanism of injury is described as stepping down wrong from his truck and his lower back went out. The diagnosis is listed as lumb/sac degeneration. Treatment has included left sacroiliac, piriformis, and trochanteric bursa injections on January 02, 2013 and May 21, 2013. There was a 50% improvement noted with back pain after injection therapy. An MRI done on September 05, 2013 revealed mild desiccative and degenerative findings at L4. A follow-up clinical noted dated April 30, 2014 documents complaints of ongoing severe back pain. The pain radiates down the left buttock and leg. The examination revealed muscle spasm with loss of lordotic curvature, altered sensory loss in the left lateral calf, and absent reflexes in the left Achilles. Pool therapy was requested as an intervention to improve strength and range of motion in the lumbar trunk. The current request is pool therapy for the lumbar spine which was denied by a prior utilization review on May 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

**Decision rationale:** This is a claimant with chronic low back pain. Multiple interventions have been exhausted including injections and (land based) physical therapy. The claimant has had repeat lumbar spine MRI on 9/5/13 which has documented an interval injury with increased disc herniation with left L5 nerve root compression. The claimant is noted to have had Left lower extremity chronic radiculopathy with overlay of acute findings. This is consistent with neuritis/radiculitis. There has been a neurosurgical opinion by claimant may benefit from surgical decompression, however the claimant remains a smoker making at higher risk for complications. The claimant wishes to avoid surgery if possible. Aquatic therapy is an option per CAMTUS and ODG May provide an avenue for continued gains. Therefore the Aquatic therapy is reasonable. Both CAMTUS and ODG recommends 10 sessions of supervised aquatic therapy at which time the claimant should be able to transition to land based therapy or possibly a Home exercise program. Regardless of outcome no further aquatic therapy is necessary or reasonable. Should the claimant progress then the claimant should transition to land based program. Should the claimant fail to progress then it would deem a failure of that modality. Therefore the request is medically necessary.