

<b>Case Number:</b>	CM14-0173648		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on October 5, 2008. He has chronic low back and right foot pain. He had a lumbar epidural steroid injection on 2/14/2014 and right foot surgery in 2009. MRI 11/15/2013 showed multiple level lumbar central canal and neural foraminal narrowing. EMG of BLE 8/9/2011 showed right sided focal sensory neuropathy. There was no evidence of right sided lumbosacral radiculopathy. According to pain management visit note of September 24, 2014, he is able to walk further with less pain and is able to perform his home exercise better with less pain. Right foot and lumbar range of motion were found to be decreased. Motor strength was decreased with right leg extension and right hip flexion. He takes multiple medications. Diagnoses include chronic pain nec and congenital pes planus. According to a utilization appeal on October 8, 2014, weight bearing worsens pain in his feet and prevents him from performing land based physical therapy for the low back in an effective and appropriate manner. It was felt that aquatic therapy would help him to strengthen his core muscles to support his lumbar spine better and would avoid weight bearing on his feet specifically right foot. It was also stated that the patient is not self-sufficient to perform a home exercise program and not able to tolerate land-based physical therapy. 6 sessions of aquatic therapy was requested with emphasis on increasing range of motion of the lumbar spine, gait training and strengthening of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy times six (6) sessions, low back:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98.

**Decision rationale:** According to the MTUS Aquatic therapy is recommended 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. The Physical Medicine guidelines apply to aquatic therapy. It is stated that the use of active treatment modalities such as exercise instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine should allow for a fading of treatment frequency from up to 3 visits per week to 1 or less. For myalgia, the frequency should be 9-10 visits over 8 weeks and for neuralgia, 8-10 visits over 4 weeks. Based on this worker's limited ability to bear weight, aquatic therapy would be the appropriate means of physical therapy to encourage active versus passive treatment. In review of the record, it is stated that he did have a functional restoration program in the past and continues to have good benefit. However it was also stated he was having increased back pain. It was also stated he was doing home exercises. Given that this worker is having increased pain and did have benefit from a functional restoration program in the past, it would be likely he would benefit from physical therapy again at this point in time. Due to the pain in his feet, his home based exercise program may be limited and insufficient to reduce pain and improve function. Therefore a trial of aquatic therapy is medically necessary.