

<b>Case Number:</b>	CM14-0190292		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 36-year-old female with a date of injury of 10/25/2013. The listed diagnoses are: 1. Herniated nucleus pulposus at L5-S1. 2. Right leg radiculopathy/radiculitis. 3. Degenerative disk disease, painful. 4.

Depression. According to progress report dated 11/03/2014, the patient presents with improving back and leg pain. Patient reports that the right lower extremity symptoms have subsided. The pain level on this date is 7/10. Treatment history has included antiinflammatory medications, physical therapy, and modification of activities. Examination of lumbar spine revealed pain to palpation over the L4-L5 and L5-S1 area. Palpable paraspinal muscle spasms are noted. Range of motion was noted as "improving." There is normal sensation to light touch of the bilateral lower extremities and 2+ reflexes in the bilateral knees and ankles. MRI of the lumbar spine from 01/23/2014 demonstrated a central protrusion at L5-S1, flattening the anterior portion of the thecal sac. There is foraminal stenosis and disk desiccation as well. The treating physician requests authorization for water therapy and a medical weight loss management program. The utilization review denied the request on 11/07/2014. Treatment reports from 03/17/2014 through 11/03/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy qty: 27: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** This patient presents with improvement in her low back pain, leg pain, and numbness. The current request is for aquatic therapy qty 27. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007)"It was noted that prior water therapy "offloads the back and it is helpful." The treating physician states that the patient currently weighs 250 pounds and has concurrently requested a weight loss management program. It appears the patient may benefit from weight bearing exercises, and the treating physician has noted that prior water therapy has been helpful. The progress reports provided for my review do not provide number of completed therapy visits to date and objective response from these sessions. The MTUS guidelines allow for 8-10 physical therapy sessions for myalgia and neuritis type conditions. The Utilization review states that the patient has participated in 18 water therapy sessions to date. In this case, the treating physician's request for additional 27 sessions, along with the 18 sessions already received, substantially exceeds what is recommended by MTUS. The requested water therapy is not medically necessary.

**Trial of medical weight loss management program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Weight Reduction Medications and Programs (Number: 0039)

**Decision rationale:** This patient presents with improvement in her low back pain, leg pain, and numbness. The current request is for trial of medical weight loss management program. According to progress report 11/03/2014, the patient has at least gained 20 pounds since injury and currently weighs about 250 pounds. Treating physician states that her weight is a major factor and limits her possible surgical options. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria

including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the medical file does not show that this patient meets the criteria provided by Aetna for a weight reduction program. Furthermore, the treating physician does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. The requested weight loss program is not medically necessary.