

<b>Case Number:</b>	CM14-0196175		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/09/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 & 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 44 year old female with an injury date on 08/09/2002. Based on the 10/14/2014 progress report provided by the treating physician, the diagnoses are status post spinal cord stimulator, status post L3-S1 fusion, and regional pain syndrome lower extremities. According to this report, the patient complains of "ongoing daily and constant mid lower back pain and numbness that radiates down the bilateral outer hips extending down the right outer thigh." Pain is 6-7/10 with medication and 9-10/10 without medication. The patient also complains of "numbness and pins and needles sensations bilaterally on the bottom of the feet." Feet pain is 5/10 with medication and 6/10 without medication. Physical exam of the lumbar spine reveals a mildly decreased sensation over the right L3, L4, L5 and S1 dermatome distribution. Deep tendon reflex of the left ankle is absent. Straight leg raise test, thigh thrust, and Fortin's sign are positive. The treatment plan is recommend CT scan of the lumbar spine, SI joint block, and Aquatic therapy, follow up with pain management, and follow up in 4-6 weeks for re-evaluation. The patient is "Permanent and Stationary treating under future medical care." There were no other significant findings noted on this report. The utilization review denied the request for Aquatic therapy to the low back, 2 x 4 on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/03/2014 to 11/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy to the low back, 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** According to the 10/14/2014 report, this patient presents with constant mid lower back pain and According to the 10/14/2014 report, this patient presents with constant mid lower back pain and bilateral feet pain with numbness and pins and needles sensations. The current request is for Aquatic therapy to the low back, 2 x 4 "in an attempt to improve her pain." Per the treating physician, the patient "has had good benefit in the past with aquatic therapy." The number of sessions and time frame of prior aquatic therapy is unknown. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgia and neuralgias. Review of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. Therefore, the current request is not medically necessary.