MAXIMUS Federal Services

| Case Number: | CM14-0199731 | | |
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| Date Assigned: | 12/10/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

## 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 Rehab, 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 37-year-old male with an injury date of 09/10/2013. The 06/09/2014 report indicates that the patient has low back pain. The patient describes his low back pain as being an aching type of pain with muscle tightness. He rates his pain as a 6-7/10 without medications and a 3/10 with medications. The 08/14/2014 report indicates that the patient's low back pain is aching with diffuse tightness. He rates his pain as an 8/10 without medications and a 3/10 with medications. Sciatic notches are painful to palpation, sacroiliac joints are tender to palpation, and there is tenderness over the paraspinals with related myofascial restrictions palpable. The 10/10/2014 report states that the patient continues to complain of low back pain. He rates his pain as a 3-6/10 without medications and a 2/10 with medications. The patient's diagnoses include the following: 1.Chronic pain syndrome.2. Low back pain.3. Lumbar discogenic pain syndrome.4. Degenerative disk disease, lumbar.5. Lumbar radicular pain.6. Lumbar strain. The utilization review determination being challenged is dated 11/07/2014. There were four treatment reports provided from 05/12/2014 - 10/10/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2x2k X 6wks Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Guidelines Page(s): 22 & 99. Decision based on Non-MTUS Citation ODG, Low Back and Physical Therapy Guidelines

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

**Decision rationale:** According to the 10/10/2014 progress report, the patient presents with low back pain. The request is for Aqua Therapy 2 X Week X 6 Weeks for the Low Back. 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." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines page 98 and 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The 10/10/2014 report states that "the aquatic therapy is greatly contributing to his improvements. We feel that he would benefit from 8 more therapy sessions. We are requesting authorization for more aquatic therapy treatments 1 to 2 times per week #8. We feel that the aquatic therapy allows him to take less pain medication, increase his strength, increase his functional stamina, and allows him to work with minimal restrictions." It appears as though the patient has had prior aquatic therapy; however, there is no indication of when this therapy occurred or how frequently. There are no documentations of any specific functional improvement from the aquatic therapy either. There is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mentioned if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. The requested aquatic therapy for the lower back is not medically necessary.