

<b>Case Number:</b>	CM14-0205699		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/28/2006
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency Medicine, 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 injured worker is a 63 year-old female, who sustained an injury on June 28, 2006. The mechanism of injury occurred while moving a desk. Diagnostics included May 2012 lumbar MRI reported as showing presumptive synovial cyst. Treatments have included: physical therapy, medications, lumbar decompression laminectomy, SCS trial. The current diagnoses are: post lumbar laminectomy, chronic low back pain with left radiculitis. The stated purpose of the request for Water exercise class, unspecified frequency, low back qty:12.00 was to provide muscle tone and endurance. The request for Water exercise class, unspecified frequency, low back qty:12.00 was denied on December 8, 2014, citing a lack of documentation of intolerance to land-based therapy. The stated purpose of the request for Repeat neurosurgery evaluation, low back qty:1.00 was to evaluate continued low back pain. The request for Repeat neurosurgery evaluation, low back qty:1.00 was denied on December 8, 2014, citing a lack of documentation of medical necessity. Per the report dated November 26, 2014, the treating physician noted complaints of low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water exercise class, unspecified frequency, low back Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT)

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

**Decision rationale:** The requested Water exercise class, unspecified frequency, low back Qty: 12.00, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "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." The injured worker has low back pain. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, Water exercise class, and unspecified frequency, low back Qty: 12 is not medically necessary.

**Repeat neurosurgery evaluation, low back Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127 Official Disability Guidelines (ODG), Low Back, Office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back pain. The treating physician has not documented sufficient positive neurologic exam findings to indicate that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Repeat neurosurgery evaluation, low back Qty: 1.00 is not medically necessary.