

<b>Case Number:</b>	CM14-0207217		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 23 year old male with an injury date of 08/11/13. Based on the 08/11/14 progress report, the morbidly obese patient complains of low back pain which radiates to the left buttock and left thigh. He has tenderness to palpation and spasms on his lower back. "He can't lie down on table due to difficulty sitting back up." The 08/18/14 report indicates that the patient rates his low back pain as a 2-9/10. He has a burning sensation along both hips and thighs radiating down the legs, a positive Patrick-Fabere test on the left side, Goldthwaite's test reproduced parathesia over the right buttock and back of his left thigh, straight leg raise is positive on the left leg at 50-60 degrees, there is pain/parasthesias over the lumbar spine, buttock, back of the thigh, and calf of the leg. He is slightly limping and uses a heavy cane to ambulate. The patient's diagnoses include the following: Sprain lumbar region Lumbosacral neuritis NOSE excessive phys exertion fr prolonge The utilization review determination being challenged is dated 12/08/14. There were two treatment reports provided from 08/11/14 and 08/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (pool) 2 x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with low back pain which radiates to the left buttock and left thigh. The request is for PHYSICAL THERAPY (POOL) 2 X 6 FOR THE LUMBAR SPINE. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: 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 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." MTUS page 98 through 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 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The 08/18/14 report states that the patient has had prior "physical therapy with aquatic therapy [and] he feels better." It appears that the patient had prior aquatic therapy; however, there is no indication of when this therapy occurred or how frequently. There is no documentation of any specific functional improvement from the aquatic therapy either. There is only a general statement provided indicating that aquatic therapy helps the patient "feel better." Due to lack of documentation of any functional improvement from prior therapy, and the fact that the requested 12 sessions exceed what is allowed per MTUS for this type of condition, the requested additional physical therapy (pool) IS NOT medically necessary.