

<b>Case Number:</b>	CM15-0101164		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35-year-old female who sustained a work related injury November 20, 2013. While lifting and carrying 40-pound boxes, her knees gave way and she fell onto her right knee, twisting her low back and left foot. She underwent x-rays, was provided medication, and completed 12 sessions of physical therapy, which provided a slight benefit in pain reduction. According to a primary treating physician's progress report, dated April 15, 2015, the injured worker presented with constant sharp pain to the lower back with radiation of pain into the lower extremities, rated 8/10, and described as worsening. Physical examination of the lumbar spine revealed; palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, standing flexion and extension are guarded and restricted, coordination and balance are intact, tingling and numbness present in the lateral thigh, anterolateral leg and foot, and L5 dermatome pattern. An MRI of the lumbar spine, dated January 15, 2014 (report present in the medical record), showed a cyst in the left L4-L5 that goes into the intradural sac area causing lateral recess stenosis. An electrodiagnostic study, dated January 5, 2015 (report present in the medical record), revealed chronic L5 nerve root irritation on the left side. Diagnosis is documented as lumbago. Treatment plan included a request for authorization for Aqua therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy, 2 times wkly for 4 wks, for Lumbar spine, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work-related injury in November 2013 and continues to be treated for low back pain with lower extremity radicular symptoms. When seen, there was lumbar spine tenderness with decreased and guarded range of motion. There was decreased lower extremity strength and sensation. The claimant's BMI is 41. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and might not require the number of requested treatments. Therefore, the request is not medically necessary.