

<b>Case Number:</b>	CM15-0102568		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California

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:

February 22, 2006. The injured worker previously received the following treatments Percocet, Tizanidine, Wellbutrin, Neurontin, Zanaflex, thoracic spine MRI, cervical spine MRI and lumbar spine MRI. The injured worker was diagnosed with a broad-based protrusion at T7-T8 with chronic myofascial pain, posterior cervical disc extrusion at C3-C4, C4-C5, broad-based osteophyte at C5-C6 and C6-C7, significant stenosis at the right foramen at C3-C4, C4-C5 and bilateral C5-C6 and C6-C7, the low back pain broad 4-5mm disc protrusion which bulges into both neuroforaminal exit zones, moderate bilateral neuroforaminal compromises seen L5-S1 prominent 6 to 7mm broad disc protrusions extending into the both foraminal exit zones aa additional component was seen to extend inferior along the posterior and superior endplate of the S1 that may be extruded, high grade neuroforaminal exit zone compromise was seen with high grade spinal stenosis. According to progress note of March 12, 2015, the injured workers chief complaint was ongoing thoracic and low back pain. The lower back pain radiated down into the lower extremities. The shooting pain had increased. The current pain level was 8 out of 10. The average pain level was 8 out of 10, getting as high as 10 out of 10 and down to 7 out of 10. The injured worker takes Percocet for pain, which takes about 25 minutes to take effect and lasts about 3½ hours. The objective findings were documented as; no significant change. The treatment plan included aqua therapy in a heated pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Guidelines recommend a 6-visit trial, with further visits supported based on documentation of objective functional improvement and ongoing objective treatment goals. Within the documentation available for review, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patients current exercise program has been modified if it has been determined to be ineffective. Additionally, the currently requested 8 visits exceeds the 6-visit trial recommended by guidelines, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.