

<b>Case Number:</b>	CM15-0136043		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 03/03/2004. He has reported injury to the low back. The diagnoses have included lumbar disc degeneration; chronic pain; failed back surgery syndrome, lumbar; lumbar radiculopathy; and bilateral knee pain. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Duloxetine DR, Senokot-S, and Ibuprofen. A progress note from the treating physician, dated 06/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities; ongoing headaches; constant low back pain that radiates down the bilateral lower extremities; the pain is accompanied by tingling intermittently in the bilateral low extremities; the pain is sharp, stabbing, and severe; the pain is aggravated by activity and walking; he has frequent muscle spasms in the low back bilaterally; pain is rated as 6/10 in intensity on average with medications; pain is rated as 8/10 in intensity on average without medications; the pain is reported as unchanged since his last visit; he has insomnia associated with ongoing pain; he reports ongoing activity of daily living limitations due to pain; and physical therapy is causing more pain, and the therapist recommended aquatic therapy. Objective findings included observed to be in moderate distress; gait was antalgic and slow; he utilizes a cane in order to ambulate; lumbar spasm is noted; tenderness was noted upon palpation in the spinal vertebral area L2-S1; the range of motion of the lumbar spine was moderately limited secondary to pain; pain was significantly increased with flexion, extension, and rotation; sensory exam shows decreased sensitivity to touch along the L3-S1 dermatome in the bilateral

lower extremities; motor examination shows decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities; tenderness was noted on palpation at the bilateral knees; and range of motion of the lower extremities bilateral knees was decreased due to pain. Physical therapy notes include that the injured worker demonstrated improvements in tolerance and endurance to therapeutic exercise. The treatment plan has included the request for 8 aquatic therapy visits for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 aquatic therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) 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. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to what specific objective functional improvement has been obtained with the land-based therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.