

<b>Case Number:</b>	CM15-0147618		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 42 year old male, who sustained an industrial injury on 11-21-2012. The history of the initial injury and prior treatments to date were not documented in the medical records submitted for this review. Diagnoses include low back pain with radiculopathy. Currently, he complained of low back pain with numbness to bilateral lower extremities. The medical records indicated there was medical clearance given for aquatic therapy in regards to previous cardiovascular concerns. On 6-19-15, the physical examination documented lumbar muscle spasms, decreased sensation to lower extremities, and a positive straight leg raise test. The plan of care included twelve aquatic therapy sessions for the lumbar spine, twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve aquatic therapy visits over 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

**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 injury in November 2012 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. The claimant had previously been referred for aquatic therapy but had a history of a recent cardiac event and required clearance before participation. When seen, there was pain with lumbar spine range of motion. Straight leg raising was positive. There was decreased lower extremity sensation with normal strength. The claimant's BMI was over 33. 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 would not be expected to require the number of requested treatments. The request is not medically necessary.