

Case Number:	CM15-0181894		
Date Assigned:	09/23/2015	Date of Injury:	12/14/2007
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 50 year old male who sustained an industrial injury on 12-14-07. A review of the medical records indicates he is undergoing treatment for lumbosacral neuritis and lumbosacral disc degeneration. Medical records (5-26-15 to 7-21-15) indicate ongoing complaints of pain in his abdomen, back and bilateral hips. On 5-26-15, he rated pain in his abdomen, back, and bilateral hips "7 out of 10" and indicated that his back pain radiated to his hips and down both legs. On 7-21-15, "decreased pain in his lumbar spine, hips, and legs" was noted, but the pain rating was "8 out of 10", which reduced to "5 out of 10 with use of Norco". His abdominal pain was noted as "1 out of 10" and bilateral hip pain as "5 out of 10" on 7-21-15. The physical exam (7-21-15) reveals tenderness to palpation over the right and left lumbar facets and "left thoracolumbar spasm". The straight leg raise is positive on the right at 45 degrees. The gait is antalgic. Diminished range of motion is noted of the lumbar spine. The Achilles reflex is diminished bilaterally, at 1+, and motor function is diminished on the right with knee extension, ankle dorsiflexion, and plantar flexion. Diagnostic studies have included a renal ultrasound on 7-24-13, lumbar MRI, and EMG-NCV. Treatment has included acupuncture, chiropractic treatment, epidural steroid injections, facet joint injections, heat and ice treatment, massage therapy, and physical therapy, as well as medications. Aquatic therapy, 2 times weekly for 4 weeks, was ordered by the treating provider on the 5-26-15 visit. The 7-21-15 progress note states "aquatic therapy 2 times per week is helping well". The note was amended on 7-22-15, stating that the injured worker "has responded well to aqua therapy per physical therapy" and that the injured worker "demonstrates poor posture while sitting, poor lower extremity flexibility, weak core, poor endurance, soft tissue restrictions and cannot sit long duration". It also states that the injured worker "has difficulty lifting and needs continued physical therapy and aqua

therapy for strength and endurance". The utilization review (8-27-15) indicates the requested treatment as "Aqua therapy 3 times a week for 4 weeks for lumbar". The determination was denial of the requested treatment, indicating "there is no indication that of non-weight bearing status or physical examination findings that suggest aquatic therapy would be required as opposed to land-based therapy as related to this 2007 injury".

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy to the lumbar spine three times per week times four weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbosacral neuritis NOS; and lumbar/lumbosacral disc degeneration. Date of injury is December 14, 2007. Request for authorization is August 27, 2015. According to a progress note dated July 21, 2015, the documentation indicates aquatic therapy is helping. There are no aquatic therapy progress notes. The total number of aquatic therapy sessions is not specified. There is no objective functional improvement of the prior aquatic therapy. Subjectively, the injured worker has low back pain, hip and leg pain. The documentation indicates the injured worker received physical therapy. However, there is no documentation of failed land-based physical therapy. There is no documentation indicating reduced weight-bearing is desirable. There are no heights or weights in the medical record. There is no clinical indication or rationale for aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of aquatic therapy sessions or aquatic therapy progress notes, no documentation demonstrating objective functional improvement, no documentation indicating failed land-based therapy and no height or weights, aquatic therapy to the lumbar spine three times per week times four weeks is not medically necessary.