

<b>Case Number:</b>	CM15-0185570		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 68 year old male, who sustained an industrial injury on May 23, 2006, incurring injuries to the low back. He was diagnosed with lumbar degenerative disc disease, lumbar spine strain, lumbar stenosis, lumbar radiculopathy, and lumbar facet syndrome. Treatment included diagnostic imaging, medial branch blocks, anti-inflammatory drugs, pain medications, ice, weight loss program, home exercise program, Radiofrequency Ablation, and activity restrictions. He noted the epidural steroid injection only gave him relief for a week. Currently, the injured worker complained of persistent low back pain rated 2 out of 10 on a pain scale of 1 to 10, aggravated and increased by prolonged sitting and standing. The treatment plan that was requested for authorization on September 21, 2015, included aqua therapy twice a week for four weeks for the lumbar spine. On September 4, 2015, a request for aqua therapy for the lumbar spine was modified to twice a week for three weeks by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2x4 for Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (Lumbar).

**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, (2007) Chapter 6: p 87.

**Decision rationale:** The claimant sustained a work injury in May 2006 and continues to be treated for low back pain. When seen, there had been a 40% improvement after lumbar medial branch radiofrequency ablation. Physical examination findings included lower lumbar paraspinal muscle and facet joint tenderness. There was decreased lumbar spine range of motion with pain. Authorization is being requested for eight sessions of aquatic therapy. 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 had low back pain with facet arthropathy, 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 were 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.