

<b>Case Number:</b>	CM15-0188735		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

### 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 10-25-2012. The injured worker is currently able to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for left sacroiliac joint pain, strain of lumbar region, and lumbar spondylosis. Treatment and diagnostics to date has included water therapy (with "no significant relief"), massage therapy (with "significant relief"), physical therapy (with "minimal relief"), lumbar epidural steroid injections ("worked for 4-5 months"), home exercise program, and medications. After review of the progress note dated 08-28-2015, the injured worker reported low back pain. Objective findings included tenderness and tightness to T6-T12 and bilateral L4- S1 paraspinal muscles. The treating physician noted that the injured worker completed 5 out of 6 water therapy sessions with "no significant relief" and lumbar MRI showed "non-displaced bilateral pars defects of L5 vertebra" and "3-4mm disc protrusion with bilateral neuroforaminal stenosis". The request for authorization dated 08-28-2015 requested PHM consultation for left leg numbness and 6 initial visits of water therapy (2x3) for low back pain. The Utilization Review with a decision date of 09-09-2015 non-certified the request for 6 initial water therapy 2 x a week for 3 weeks of the low back as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Initial water therapy 2x a week for 3 weeks of the Low back: 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, Physical Medicine.

**Decision rationale:** Based on the 8/28/15 progress report provided by the treating physician, this patient presents with back pain in lumbar and thoracic regions, with left lower extremity numbness. The treater has asked for 6 Initial water therapy 2x a week for 3 weeks of the Low back on 8/28/15. The patient's diagnoses per request for authorization dated 8/28/15 are lumbar spondylosis and low back pain. The patient is s/p 5 out of 6 sessions of aquatic therapy with no significant relief, 18 massage sessions with significant relief, and 12 sessions of physical therapy with minimal relief per 8/28/15 report. The patient is s/p lumbar epidural steroid injection, which worsened pain for a few days and worked for 4-5 months per 8/28/15 report. The patient had 3 weeks of back pain after original injury, which initially radiated to his lower extremities but after taking medication/ice, it concentrated more on lumbar and thoracic areas per 8/28/15 report. The patient is on "permanent restrictions, no lifting/pulling/pushing 35 pounds intermittently, no lifting more than 50 pounds 2-3 times per week" per 8/28/15 report. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified, 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy, 24 visits over 16 weeks." The request appears to be retrospective, as the patient completed 5 out of 6 sessions of aquatic therapy with "no significant relief" per 8/28/15 report. Utilization review letter dated 9/9/15 denies request due to unremarkable MRI of lumbar, no indication for surgery, and states that land-based therapy would be more appropriate. In regard to the request for 6 initial sessions of aquatic therapy for the management of this patient's lower back pain, there is no documentation of extreme obesity or need for reduced weight-bearing exercises. Therefore, the request is not medically necessary.