

<b>Case Number:</b>	CM15-0193315		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 48-year-old female, who sustained an industrial injury on 4-5-2011. The injured worker is undergoing treatment for: lumbosacral neuritis, left shoulder internal derangement and dysfunction, lumbar spine radiculopathy. On 6-22-15, she is reported as having ongoing substantial weakness and continued back pain so the provider recommended aqua therapy. On 8-10-15, she reported ongoing low back pain with radiation to the tailbone and leg weakness. She also reported left shoulder pain. Physical findings revealed painful lumbar range of motion, tenderness, and muscle spasm in the low back, positive straight leg raise testing and left shoulder painful range of motion with tenderness and muscle spasm in the trapezius. On 8-18-15, she reported left shoulder pain rated 2-8 out of 10 that is increased with active range of motion, increased constant low back pain with bilateral buttocks and leg pain, left greater than right rated 7 out of 10. She is using a cane for support per the report. She also reported left upper extremity numbness, tailbone pain, and bilateral feet cramping. Physical findings revealed tenderness in the low back with spasms noted, a slow antalgic gait, decreased lumbar range of motion. The treatment and diagnostic testing to date has included: multiple sessions of aquatic therapy, urine toxicology, and medications, lumbar fusion (4-21-15). Medications have included: Norco, Ambien, Xanax, Ibuprofen and topical compounds. Current work status: off work. The request for authorization is for: 18 sessions of aquatic therapy for the lumbar spine. The UR dated 9-2-2015: non-certified the request for 18 sessions of aquatic therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, eighteen sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** Review indicates the patient has history of multiple previous sessions of aquatic therapy without documented functional benefit. There is also past history of sarcoma of bilateral groin region post resection and chemotherapy in 2010. The patient underwent lumbar lamino-foraminotomies and microdiscectomy on 4/21/15. Current BMI is 25.5. Aquatic Therapy does not seem appropriate as the patient has no indication for non-weight bearing activities, history of obesity, or multilevel lumbar fusion to support for aquatic therapy without previous benefit from treatment already rendered. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient does not have the diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. It has been over 6 months since the patient's minimally invasive procedure without noted complications in which the patient has received post-op therapy visits. Submitted reports have not adequately demonstrated the indication to support further visits of therapy beyond the guidelines criteria of 16 sessions without extenuating circumstances documented. The Aquatic Therapy, eighteen sessions for the lumbar spine is not medically necessary and appropriate.