

<b>Case Number:</b>	CM15-0200549		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/12/2000
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 7-12-2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain post cervical fusion, chronic low back pain post lumbar surgery with fusion, status post hardware removal, and chronic left shoulder pain. The most recent Primary Treating Physician's report dated 7-6-2015, noted the injured worker was doing therapy and had been taken off the Oxymorphone, on Norco and Pantoprazole. The physical examination was noted to show the dorsolumbar spine with tenderness in the paraspinal muscles. Prior treatments have included lumbar spine fusion, cervical spine fusion, and physical therapy with at least 29 sessions by 11-19-2002, 18 visits by 2-11-2013, and 16 visits in 2014. The treatment plan was noted to include continued home exercise program (HEP) and Pantoprazole. On 6-29-2015, the agreed medical reevaluation noted the injured worker with ongoing and progressive lower back pain and increased difficulties with activities of daily living (ADLs) and pain management, with the Physician noted to "strongly advise" that the injured worker have the benefit of a pool therapy program twice a week for a period of 12 weeks with a variety of non-weight bearing exercises as directed by the appropriate therapist. The request for authorization dated 9-14-2015, requested aqua therapy 2x4 for the lumbar spine. The Utilization Review (UR) dated 9-22-2015, non-certified the request for aqua therapy 2x4 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 x 4 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines, 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.