

<b>Case Number:</b>	CM15-0203483		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 49 year old male, who sustained an industrial injury on 9-22-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement. According to the progress report dated 9-8-2015, the injured worker presented with complaints of low back pain. The pain is described as constant, sharp, burning, and tingling. The level of pain is not rated. The physical examination reveals tenderness to palpation and restricted range of motion. The current medications are not specified. Previous diagnostic studies include x-rays, CT scan, and MRI of the lumbar spine (1-7-2015). Treatments to date include medication management and physical therapy. Per notes, acupuncture is to begin on 9-11-2015. Work status is described as return to work with restrictions. The original utilization review (9-21-2015) had non-certified a request for 12 pool therapy sessions to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 3 times a week for 4 weeks for the low back: Upheld**

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

**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, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in September 2014 when he had low back pain with loss of sensation of his back and leg which lasted for 24 hours after bending and lifting a box. He continues to be treated for back pain. When seen, he had tried conservative treatments including 12 sessions of physical therapy with minimal improvement. He had not undergone any spinal injections. Physical examination findings included a body mass index over 37. There was paraspinal and sacroiliac joint tenderness. He had mild muscle spasms. There was positive facet loading. He had decreased and painful lumbar spine range of motion. There was a normal neurological examination. Sacroiliac joint testing was positive and guarded. Imaging results showed findings of Grade II L4/5 spondylolisthesis. Authorization is being requested for 12 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 is noted to be obese 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 was 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.