

<b>Case Number:</b>	CM15-0204583		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Colorado

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 59 year old male who sustained an industrial injury February 5, 2013. Past history included status post L4-S1 anterior and posterior fusion 2013; status post removal of posterior hardware, and hypertension. According to a physician's new exam and treatment notes dated August 3, 2015, the injured worker presented with complaints of low back pain radiating down the bilateral legs, left more than right. He had previously been prescribed Oxycontin and Oxycodone, and takes Tylenol #3 and Gabapentin. He has no reported problems using his hands and is not dropping objects, and has no loss of bladder and or bowel control. Physical examination revealed; sensations intact to light touch but decreased in distribution left L4, L5 and S1. Assessment is documented as low back pain radiating down to bilateral legs left more than right; status post lumbar surgery, with failed back syndrome. No more recent records were available for review. According to utilization review dated September 22, 2015, the request for aquatic physical therapy for the low back 3 x 6 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy for low back 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per the guidelines, Aquatic therapy is recommended as an alternative to land-based physical therapy, specifically where decreased weight bearing is needed or recommended, for example in obesity. The number of recommended supervised sessions for aquatic therapy is the same as those recommended for land-based therapy: For myalgia and myositis 9-10 visits recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8-10 visits recommended over 4 weeks. Per the records supplied, the patient, whose complaints include low back pain with radicular symptoms, has participated in traditional physical therapy in the past which aggravated his symptoms. It is unclear how many sessions of physical therapy were completed, and it is unclear when that physical therapy was completed (pre-op vs. post-op) The records do not indicate any quantifiable improvement with physical therapy, and there is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Without clear indication for aquatic therapy and without documented specifics of failure of traditional land-based therapy, the request for aquatic therapy is not medically indicated.