

Case Number:	CM15-0209218		
Date Assigned:	10/28/2015	Date of Injury:	04/06/2015
Decision Date:	12/09/2015	UR Denial Date:	10/18/2015
Priority:	Standard	Application Received:	10/23/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 52 year old female, who sustained an industrial-work injury on 4-6-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, low back pain with right lower extremity (RLE) radiculopathy. Treatment to date has included Toradol injection, physical therapy at least 6 sessions, work modifications, diagnostics and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 7-21-15 reveals mild degenerative disc disease without stenosis or impingement. X-Ray of the lumbar spine dated 4-8-15 reveals mild disc narrowing at L4-L5. Medical records dated 7-27-15 indicate that the injured worker complains of right sided low back pain that radiates down the RLLE to the foot. The pain is increased since last visit pain was rated 4 out of 10 on pain scale and currently 7 out of 10 on the pain scale. Per the treating physician report dated 7-27-15 the work status is modified with restrictions. The physical exam reveals tenderness to the lumbar spine area, tenderness along the right lumbosacral paraspinal muscles, forward flexion of the lumbar spine is about 40 degrees, which gives her some relief, back extension is 5 degrees and causes increased pain, and the straight leg raise is positive on the right. The physician indicates that she continues to have radicular symptoms very characteristic of S1 radiculopathy and is recommending aqua therapy and orthopedic specialist. The request for authorization date was 7-30-15 and requested services included Aqua Therapy quantity 8 and orthopedic spine evaluation and treatment. The original Utilization review dated 10-18-15 non-certified the request for Aqua Therapy quantity 8. The request for orthopedic spine evaluation and treatment was partially certified to orthopedic spine evaluation with [REDACTED] quantity of 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aqua Therapy quantity 8: 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): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy #8 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnosis is lumbar strain with right lower extremity radicular symptoms. Date of injury is April 6, 2015. Request for authorization is July 30, 2015. According to a June 26, 2015 progress note, the injured worker completed 12 authorized physical therapy land-based sessions. There is no documentation of failed land-based physical therapy. According to a July 27, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the right lower extremity. Pain score is 7/10. Objectively, there is tenderness to palpation at the lumbar spine right paraspinals and positive straight leg raising. Motor function is 5/5. An MRI was performed that showed degenerative disc disease at L2-L3 without stenosis or impingement. There is no documentation of failed land-based physical therapy. There is no documentation or rationale for reduced weight bearing. There is no documentation of a height or weight or BMI in the medical record. There is no clinical rationale for aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy and no clinical rationale for aquatic therapy, aquatic therapy #8 sessions is not medically necessary.

### **Orthopedic spine evaluation and treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, orthopedic spine evaluation and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid

in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is lumbar strain with right lower extremity radicular symptoms. Date of injury is April 6, 2015. Request for authorization is July 30, 2015. According to a June 26, 2015 progress note, the injured worker completed 12 authorized physical therapy land-based sessions. There is no documentation of failed land-based physical therapy. According to a July 27, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the right lower extremity. Pain score is 7/10. Objectively, there is tenderness to palpation at the lumbar spine right paraspinals and positive straight leg raising. Motor function is 5/5. An MRI was performed that showed degenerative disc disease at L2-L3 without stenosis or impingement. The treating provider is requesting an orthopedic evaluation and treatment. Although a consultation with an orthopedist is appropriate, there is no clinical indication or rationale for authorizing treatment prior to the evaluation. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, and no clinical rationale or authorizing treatment with an orthopedic surgeon prior to the evaluation, orthopedic spine evaluation and treatment is not medically necessary.