

<b>Case Number:</b>	CM15-0219782		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/26/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Hawaii

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:

This is a 55-year-old female with a date of industrial injury 6-26-2011. The medical records indicated the injured worker (IW) was treated for chronic post-surgical low back and bilateral radicular leg pain, status post L5-S1 decompression and fusion (2012); and chronic pain syndrome. In the progress notes (7-28-15), the IW reported low back, sacral pain and bilateral radicular pain rated 6 out of 10, extending into both buttocks. Pain was 9 out of 10 without medications. The spinal cord stimulator was sometimes stimulating the abdomen as well as the back, but she rated her analgesia as fair. On examination (7-28-15 notes), there was a well-healed scar on the lumbar spine with bilateral paraspinal atrophy from the intercostal line to the lumbosacral junction. The stimulator was palpable in the buttock area. There was tenderness and trigger points in the lower back and range of motion was reduced. The spinal cord stimulator was reprogrammed and her pain was improved (8-25-15 notes). Treatments included spinal cord stimulator implantation and reprogramming, discectomy and fusion, physical therapy, acupuncture and epidural steroid injections. Medications were Cymbalta, Nucynta and Norco. MRI of the lumbar spine on 12-8-14 showed satisfactory fusion at L5-S1 and 2 mm retrolisthesis at L5-S1, mild disc degeneration at L1-2 and L3-4 and no central canal stenosis, foraminal stenosis or direct nerve root impact. The provider recommended aqua therapy due to the IW's state of deconditioning. A Request for Authorization dated 10-1-15 was received for aqua therapy three times a week for six weeks (18 sessions) for the lumbar spine. The Utilization Review on 10-9-15 non-certified the request for aqua therapy three times a week for six weeks (18 sessions) 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 3 times a week for 6 weeks (18 sessions) for lumbar spine pain:** Upheld

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

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

**Decision rationale:** The patient presents with chronic back pain. The current request is for aqua therapy 3x6 (18 sessions) for lumbar spine pain. The MTUS guidelines pages 98-99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. In this case, the treating physician does not indicate why additional therapy is being requested. There is no discussion of a recent surgery, flare-up's or decline in the patient's function requiring formalized therapy. The treating physician has requested an amount of PT that exceeds the MTUS recommendations. The request is not medically necessary.