

<b>Case Number:</b>	CM15-0033155		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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

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:

The injured worker is a female patient, who sustained an industrial injury on 09/05/2007. A primary treating office visit dated 09/17/2014 reported subjective complaint of sharp lower back pain when standing or sitting. She did complete a course of physical therapy with note that water exercises helped the most. The patient has lost 20 pounds. She rated her pain a 5 out of 10 in intensity. Objective findings showed lumbar movements restricted by approximately 25% in all planes. There was a negative seated slump test and palpation produced moderate tenderness at the lower lumbar paraspinals. She is diagnosed with lumbar foraminal stenosis and lumbar strain. The plan of care involved a 12-month gym membership with a pool to accommodate exercises. She was prescribed Norco 5/325MG #30. A request was made on 01/30/2015, asking for 8 sessions of pool therapy treating lower back flare up. On 02/09/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, Aqua Therapy was cited. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of pool therapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with sharp lower back pain rated 5/10. The patient's date of injury is 09/05/07. Patient has no documented surgical history directed at this complaint. The request is for EIGHT SESSIONS OF POOL THERAPY. The RFA was not provided. Physical examination dated 09/17/14 reveals tenderness to palpation of the bilateral lumbar paraspinal muscles and reduced lumbar range of motion. The patient is currently prescribed Norco. Diagnostic imaging was not included. Per progress note, dated 09/17/14 patient's work status is "not being addressed at this time." MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regards to the request for what appears to be a second series of pool therapy for this patient's flare-up of lower back pain, the request appears reasonable. Progress note dated 09/17/14 documents a 20-pound weight loss, and improvement in this patient's lower back pain owing to previous pool therapy sessions. The same progress note does not give this patient's height, but does specify her weight as 344 pounds. A weight of 344 pounds, regardless of height meets obesity criteria; for example, a 6-foot individual weighing 344 pounds would have a BMI of 46. MTUS guidelines allow aqua-therapy for those who cannot tolerate land-based therapy. Given the patient's obesity and stated improvements stemming from previous aquatic exercise, additional sessions are substantiated. The request IS medically necessary.