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| <b>Case Number:</b>   | CM15-0036310 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 09/18/2009 |
| <b>Decision Date:</b> | 07/02/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/26/2015 |

### 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 73-year-old male, who sustained an industrial injury on September 18, 2009. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, lumbalgia and lumbago radiculitis. Treatment to date has included medications, radiological studies, physical therapy, massage therapy, acupuncture treatments and a home exercise program. Current documentation dated December 15, 2014 notes that the injured worker reported continuous low back pain with radiation to the left lower extremity. Associated symptoms included leg pain and leg paresthesia. The injured worker was noted to be stable from the prior visit. The back pain was rated a six to eight out of ten on the vital signs. A lumbar spine examination was not provided. The treating physician's plan of care included a request for water physical therapy two times a week for six weeks to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Physical Therapy 2 times a week for 6 weeks Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Therapy Page(s): 22, 99.

**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 2009 and continues to be treated for low back pain. When seen, he was having low back pain radiating to the left lower extremity. He was having difficulty sleeping. There had been no change since the previous evaluation and his symptoms had been present for more than one year. Physical examination findings included a BMI of over 36. 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 might not require the number of requested treatments. Therefore, the request is not medically necessary.