

<b>Case Number:</b>	CM15-0046076		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 68 year old male who sustained an industrial injury to his lower back and neck on December 2, 2014. Initial care consisted of X-Rays, lumbar spine magnetic resonance imaging (MRI) on January 13, 2015, pain medication, muscle relaxants and 6 sessions of physical therapy. The injured worker was diagnosed with possible lumbar radiculopathy, acute pain of the lumbar and cervical spine. According to the primary treating physician's progress report on February 3, 2015, the injured worker continues to experience neck pain without radiation. He reports numbness and tingling of the bilateral hands and fingers, occasional headaches and increased pain with movement. He also continues to experience recurrent pain in the lower back with pain radiating to his left leg into his foot. He has weakness, numbness and tingling of the left leg. Examination of the cervical spine demonstrated slight posterior cervical tenderness with full range of motion. Motor, sensory and reflexes were intact. The lumbar examination demonstrated left side tenderness with pain on flexion. Motor, reflexes and sensation were intact. Straight leg raise was negative at 90 degrees for radicular pain. Current medications consist of Ultram and Voltaren. The injured worker is currently on temporary total disability (TTD). Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the lower extremities, prescribed medications and land and pool therapy to the lumbar spine as requested by the primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Land therapy 3xwk x 4 wks Lumbar spine: Upheld**

**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 Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents on 02/04/15 with unrated neck pain, lower back pain which radiates into the left lower extremity, and numbness and tingling to the bilateral upper extremities. The patient's date of injury is 12/02/14. Patient has no documented surgical history directed at this complaint. The request is for LAND THERAPY 3 X WK X 4 WKS LUMBAR SPINE. The RFA was not provided. Physical examination dated 02/04/15 reveals tenderness to palpation of the left sided lumbar paraspinal muscles, normal neurological function in the bilateral lower extremities and negative straight leg raise test bilaterally. Cervical examination reveals posterior cervical tenderness, intact sensation, and full range of motion. The patient is currently prescribed Ultram and Voltaren. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the 12 physical therapy sessions for the lumbar spine, the treater has exceeded guideline recommendations. There is no documentation that this patient has undergone any physical therapy directed at this complaint to date. However, the requested 12 sessions of land based physical therapy combined with 20 sessions of aquatic therapy exceeds guideline recommendations, which specify a maximum of 10 visits. Therefore, this request IS NOT medically necessary.

**Pool therapy 3xwk x 4 wks Lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Aquatic therapy.

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

**Decision rationale:** The patient presents on 02/04/15 with unrated neck pain, lower back pain which radiates into the left lower extremity, and numbness and tingling to the bilateral upper extremities. The patient's date of injury is 12/02/14. Patient has no documented surgical history directed at this complaint. The request is for POOL THERAPY 5X WK X 4 WEEKS LUMBAR SPINE. The RFA was not provided. Physical examination dated 02/04/15 reveals tenderness to palpation of the left sided lumbar paraspinal muscles, normal neurological function in the bilateral lower extremities and negative straight leg raise test bilaterally. Cervical examination

reveals posterior cervical tenderness, intact sensation, and full range of motion. The patient is currently prescribed Ultram and Voltaren. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the request for 20 aquatic therapy sessions for the management of this patient's chronic lower back pain, treater has exceeded guideline recommendations. There is no evidence in the documents provided that this patient has had any physical therapy directed at this complaint to date. However, the requested 20 sessions of pool therapy combined with 12 sessions of land based physical therapy exceeds guideline recommendations, which allow up to 10 visits. Therefore, this request IS NOT medically necessary.