

<b>Case Number:</b>	CM15-0057985		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/30/1998
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: 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:

This 63 year old woman sustained an industrial injury on 10/30/1998. The mechanism of injury is not detailed. Evaluations include cervical, thoracic, and lumbar spine MRI dated 8/3/2012, cervical spine MRI dated 3/8/2011, and thoracic spine MRI dated 1/25/2011. Diagnoses include status post anterior discectomy and cervical fusion, status post lumbar interbody fusion, status post lumbar and thoracic fusion extension, upper extremity radiculopathy, reactionary depression and anxiety, spinal cord stimulator implant, intrathecal pump, acute paralysis, and medications induced gastritis. Treatment has included oral medications, intrathecal pain pump, trigger point injections, physical therapy, aquatic therapy, home health aide, spinal cord stimulator, and epidural steroid injection. Physician notes dated 2/20/2015 show continued complaints of debilitating pain in the mid back. Recommendations include T12-L1 epidural steroid injection, intrathecal infusion pump refill and Dilaudid dose increased, aquatic physical therapy, aquatic therapy, Oxycontin, Dilaudid, Ambien, Effexor ER, Meloxicam, Prilosec, rheumatology consultation, and follow up in four to six weeks. The worker was given four trigger point injections during this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 6 session (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, NSAIDs Page(s): 98-99, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th edition (web), 2015, Pain- insomnia treatment.

**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 mid to lower back pain. The request is for AQUATIC THERAPY 2X6 SESSIONS (12 SESSIONS). The request for authorization is not provided. The patient is status-post back fusion at L5-S1 and T11-L4, 02/2013. Status-post thoracolumbar epidural injection at T12-L1, 11/06/15, which provides 70% pain relief, able to cut back 30% of her oral analgesic medications, and decrease her intrathecal infusion pump 5%. MRI of the cervical, thoracic and lumbar, 08/03/12, shows at C6-7 a 4.1mm anterolisthesis with facet hypertrophy and 3.6 disc protrusion contacting the spinal cord; at T9-10 there is an 80% anterior vertebral body collapse with a 4.5mm disc herniation; at L5-S1 a 4mm disc protrusion. She rates her pain as 9/10 in intensity. The patient requires more assistance from her caregiver with regard to transfer and notes a decrease in her ability to ambulate due to her pain. The patient is requesting additional aquatherapy/physical therapy since she made significant gain with regard to her mobility. She is wheelchair-bound and unable to bear weight on her lower extremities. She requires oral analgesics in order to maintain her functional abilities and progressive physical therapy. Patient's medications include Norco, Dilaudid, Oxycontin, Neurontin, FexMid, Prilosec, Zofran, Colace, Ambien, Effexor and Meloxicam. Per progress report dated, 02/20/15, the patient is temporarily totally disabled. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine Physical Medicine Guidelines 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per progress report dated, 02/20/15, treater's reason for the request is "The patient has made significant improvements with regard to improving her transfers and gait. Unfortunately, her functional status has steadily declined and is requiring more assistance with mobility. She uses land-based therapy for strengthening of her upper extremities and aquatherapy for strengthening of her core strength, balance and ambulation." Given the patient's condition, a short course of aquatic therapy would be indicated. However, review of treatment history shows patient has recently had 12 sessions of physical therapy and 8 sessions of aquatic therapy. The patient has not had any recent surgery, therefore, the request for 12 additional sessions of aquatic

therapy would exceed what is allowed by MTUS for non-post-op conditions. The request IS NOT medically necessary.