

<b>Case Number:</b>	CM14-0113462		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 57-year-old gentleman was reportedly injured on June 5, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back pain and bilateral knee pain. The physical examination demonstrated tenderness over the lumbar spine with a positive straight leg raise test on the right side and a positive Kemp's test. There was decreased sensation on the right at the L2 and L3 dermatomes and muscle strength was rated at 4+/5 in the lower extremities. Examination of the bilateral knees noted tenderness at the peripatellar region and crepitus with range of motion. Range of motion of the right knee was from 0 to 92 degrees and the left knee was from 0 to 110 degrees. Diagnostic imaging studies of the lumbar spine revealed degenerative changes throughout the lumbar spine without canal stenosis. There was narrow foraminal narrowing from L3-L4 through L5-S1 with moderate to severe narrowing on the right at L5-S1. Previous treatment included acupuncture. A request had been made for an MRI of the lumbar spine and aquatic therapy two times a week for four weeks for the lumbar spine and the bilateral knees and was non-certified in the pre-authorization process on June 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, two (2) times a week for four (4) weeks for the Lumbar Spine and Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary last updated 05/12/2014 - Aquatic Therapy; TWC Knee and Leg Procedure Summary last updated 06/05/2014 - Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review, of the available medical records, fails to document why the claimant is unable to participate in land-based physical therapy. As such, this request for aquatic therapy twice week for four weeks for the lumbar spine in the bilateral knees is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary last updated 05/12/2014 - MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review, of the available medical records, does not indicate any discussion regarding lumbar spine surgery. Furthermore, there is no documentation of failure to improve with other conservative methods such as physical therapy. As such, this request for an MRI the lumbar spine is not medically necessary.