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| <b>Case Number:</b>   | CM14-0124863 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 08/24/2012 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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 Pain Management and is licensed to practice in California. 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 underlying date of injury in this case is 08/24/2012. The date of the utilization review under appeal is 07/11/2014. The referenced diagnosis is lumbar disc displacement. On 06/30/2014, the primary treating physician saw the patient in reevaluation regarding low back pain and leg pain and submitted an appeal regarding treatment authorization request. The physician noted that the patient continued to do wall exercises and stretches at home and was worried about atrophy of his left leg. The patient was taking tramadol, Norco, ibuprofen, omeprazole, and Lyrica. The treating physician noted that the patient had persistent pain in the low back with paresthesias into the left leg and foot and atrophy and weakness of the left leg. The treating physician opined that the patient was in need of further aquatic therapy to lessen progression of atrophy. The treating physician noted that the patient had increased pain with land-based physical therapy but had done well with aquatic therapy in the past. A prior physician review noted that, given the lack of objectively reported functional progress with recent physical therapy, another course of therapy was not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 session of Aquatic Therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on aquatic therapy states this is an option for exercise therapy as an alternative to land-based therapy. A prior review concluded that aquatic therapy was not medically necessary since progress was not noted on recent therapy. However, the treating notes outline a failure of land-based therapy but not aquatic therapy. Most notably, the treating physician's notes outline progressive lower extremity atrophy as a primary reason for aquatic therapy, given that land-based therapy would be difficult given his atrophy and that the patient had done well in aquatic therapy previously for pain. Given a worsening of the patient's neurological status or function related to lower extremity atrophy, the request for 6 sessions of aquatic therapy is supported by the treatment guidelines in order to help revise or modify the patient's existing independent exercise program. This treatment is medically necessary.