

<b>Case Number:</b>	CM14-0132830		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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:

This 36 year-old patient sustained a back injury on 8/23/09 from performing her regular job using the weed eater and string trimmer while employed by [REDACTED]. Request(s) under consideration include Physical Therapy/ Water therapy three times six(18) for the lumbar spine. Report of 8/7/14 from the provider noted conservative care has included medications, physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, facet injections and neurotomies, medial branch blocks at L3-4, L4-5, L5-S1 on 2/20/13 with neurotomies of same levels on 4/24/13; and extensive physical therapy with work hardening program. Exam noted antalgic gait; pain on palpation diffusely at L3-S1; limited range 10% normal flexion; diffuse motor weakness of 4/5 in bilateral lower extremities with normal sensation; positive straight leg raise (no degree specified); non tender SI. Magnetic resonance imaging (MRI) findings were interpreted by provider (no official report provided) with diagnoses of L4-5, L5-S1 disc protrusions; annular tear, L4-5, L5-S1; facet syndrome L4-5, L5-S1 s/p facet neurotomies on 4/24/13. Treatment includes medications of Soma, Norco, and water therapy to offload back. The patient remained not working. Report of 8/7/14 from the provider noted the patient with slight improvement in mid and low back pain rated at 2-8/10. The requested treatment for Physical Therapy/ Water therapy 3x6 (18) for the lumbar spine was non-certified on 8/15/14. The patient has received extensive conservative care with multiple treatment modalities. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise

program. The patient has completed formal sessions of physical therapy (PT) and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Physical Therapy/ Water therapy three times six (18) for the lumbar spine are not medically necessary and appropriate.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy/ Water therapy 3x6 (18) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Physical Therapy/ Water therapy three times six (18) for the lumbar spine are not medically necessary and appropriate.