

<b>Case Number:</b>	CM14-0165715		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Illinois. 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 injured worker is a 48-year-old male who reported an injury on 06/13/2007, while loading paper onto his truck. The injured worker complained of lower back pain that radiated to the left lower extremity. The diagnoses included failed back and lumbar radiculopathy. Prior surgeries included an anterior and posterior interbody fusion at the L4-5 and L5-S1. No diagnostics were available for review. Past treatments included physical therapy, medications, and hot and cold packs. The medications included Oxycodone, OxyContin, Percocet, Relafen, Robaxin, Lunesta, Ambien, and Prilosec. The injured worker rated his pain with medication a 5/10, and without medication 8/10 to 9/10 using the VAS (visual analog scale). The objective findings, dated 08/26/2014, to the lumbar spine revealed a well healed surgical scar over the lumbar sacral area, tenderness to palpation, and sensitivity to touch of the scar area. Range of motion to the lumbar spine was painful and restricted in all directions. Straight leg raise in the sitting and supine position was 45 degrees on the left and 60 degrees on the right. The neurological examination of the lumbar spine revealed radicular pain at the L4-5 and the L5-S1 distribution, and an antalgic gait with a single point cane. The injured worker had a urinalysis completed on 04/22/2014. The request for Authorization dated 10/10/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Water Therapy Visits between 9/8/2014 and 10/23/2014: Upheld**

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

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

**Decision rationale:** The request for 12 water therapy visits between 09/18/2014 and 10/23/2014 is not medically necessary. The California MTUS recommends aquatic therapy, as an optional form of exercise therapy, where available as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is especially recommended where reduced weight bearing is desired; for example, extreme obesity. The provider did not indicate that the injured worker needed to reduce weight bearing, or that the injured worker had a diagnosis of obesity. The urinalysis dated 04/22/2014 revealed that the injured worker was not following the medication regimen; tested positive for morphine, oxycodone, oxymorphone, and noroxycodone. Additionally, the injured worker refused physical therapy, indicated on 05/08/2014, that he was not ready to begin physical therapy, and declined to attend therapy sessions. The provider failed to include any additional documentation indicating that the injured worker completed the postoperative physical therapy. As such, the request is not medically necessary.