

<b>Case Number:</b>	CM14-0166825		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/30/1993
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Pain Medicine, has a subspecialty 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:

The injured worker is a 61-year-old female who sustained an injury on 03/30/93. As per report of 07/17/14, she complained of continued pain in her low back and legs. She rated the pain at 8/10. She stated that she has horrible pain with Valsalva maneuvers. Her legs feel very heavy and achy constantly. She also complained of nausea secondary to medications and spends most of the day in bed. On exam, she had difficulty walking but improved; she utilizes a walker. She had positive lumbar paravertebral spasms and shortened hip flexion. Positive trigger points and spasms in low back. SLR was positive at 45 bilaterally. There was numbness to light touch in the posterior lateral thighs. She had antalgic gait and was using cane. She has difficulty with heel-toe walk; favors right leg. ROM, flexion was 30, extension was 10, right lateral was 15, and left lateral was 12 with pain. MRI revealed L3-4 recurrent disk of 2-3 mm with left lateral recess narrowing. Her current medications include Baclofen, Compazine, Duragesic, Soma, Prevacid, Norco, and Elavil. She is allergic to Tizanidine and Flexeril. She has had aqua therapy and overall felt better with increased endurance. She had 18 (OP) pool therapy sessions approved in 2014. She was trying to do land therapy (home exercise program) but has difficulty secondary to pain. She had some relief with Capsaicin ointment. Diagnoses include lumbar post laminectomy syndrome, chronic intractable non-fusion pain, recurrent disk at L4 with neuroforaminal stenosis, depression and stress, fibromyalgia, IBS, and opiate tolerance. The request for outpatient additional pool therapy x 12 for the lumbar spine was denied on 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional pool therapy x 12 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to CA MTUS guidelines, aquatic therapy is 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, such as for extreme obesity or severe knee arthritis. 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 maybe required to preserve most of these gains. In this case, there is no reasonable justification for pool therapy such as morbid obesity. The IW has already had 18 pool therapy sessions. Furthermore, there is a number of land therapy with minimal to none weight bearing exercise for low back. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the request for Additional Outpatient Pool Therapy, Quantity: 12 For The Lumbar Spine is considered not medically necessary.