

<b>Case Number:</b>	CM14-0098452		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 55-year-old female with a 5/21/02 date of injury. At the time (4/22/14) of request for authorization for Prospective request for 6 aquatic therapy sessions for the low back, there is documentation of subjective (increased severe lower back pain radiating to the bilateral lower extremities) and objective (tenderness to palpation at the lumbosacral junction with spasm and guarding, decreased lumbar range of motion, decreased sensation over the L4-5 dermatomal distribution, and 4 out of 5 strength at the bilateral lower extremities), current diagnoses (degeneration of lumbar disc), and treatment to date (2 sessions of aquatic therapy with positive response; medications, lumbar epidural steroid injection, physical therapy, and chiropractic manipulation). There is no documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) aquatic therapy sessions for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 93, Chronic Pain Treatment Guidelines Medical Treatment Guidelines, May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Aquatic therapy, Page(s): 98 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of degeneration of lumbar disc. In addition, there is documentation of 2 previous aquatic therapy sessions completed to date. However, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the proposed number of sessions, in addition to the sessions already completed, exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for six (6) aquatic therapy sessions for the low back is not medically necessary and appropriate.