

<b>Case Number:</b>	CM14-0201327		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 52-old-male was injured 8/22/2011 resulting in low back pain after he did repeated pushing and lifting boards in a supine position. The recommendation was for surgery which the injured worker deferred. The injured worker has had physical therapy, chiropractic adjustments, epidural steroid injections times 1 and medications, all without significant relief of pain. His medications include Norco, gabapentin, fenofibrate, montelukast, Advir, Medrox, Levita, tizanidine and omeprazole which offered 30-40% relief. The pain was constant and was located in the left lateral thigh and posterior lower leg with occasional numbness of the left leg. The pain intensity is 4/10 to 7/10 and is aggravated with activity increase. He can perform activities of daily living but is unable to work, as his employer will not provide light duty (no lifting more than 20 pounds). Physical exam demonstrated moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness on the left; point tenderness of the sacroiliac joint and gluteal area on the left; sensation is decreased to light touch and pinprick on the left leg and positive straight leg on the right. MRI 2/15/12 revealed L5 spondylolysis with associated grade 1 spondylolisthesis of L5 on S1 with diffuse bulge with moderately severe bilateral neural foraminal encroachment with facet hypertrophy. Electromyography/ nerve conduction studies revealed evidence of left S1 radiculopathy. On 11/5/14 aquatic therapy was recommended to improve core strength and range of motion. Current medications and TENS afford temporary relief. The injured worker remains off work. The current diagnoses are: 1. Lumbago 2. Lumbar spinal stenosis at L4-5 and L5-S1 3. Left sacroiliac strain 4. Chronic pain syndrome. The utilization review report dated 11/14/14 denied the request for Aquatic therapy for the lumbar spine, 2 times a week for 6 weeks; 12 sessions based on lack of medical necessity. The MTUS Chronic Pain Medical Treatment Guidelines were referenced.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine, 2 times a week for 6 weeks; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): (s) 22, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22; 98, 99.

**Decision rationale:** The claimant continues to complain of persistent back and radicular pain into the left leg. The current request is for aquatic therapy for the lumbar spine, 2 times a week for 6 weeks; 12 sessions. The MTUS guidelines support aquatic therapy as a form of physical therapy for individuals with extreme obesity or who would benefit from exercises with reduced weight bearing. In this case, no documentation has been provided indicating that the claimant is suffering from obesity or that there is a need for reduced weight bearing exercise. Furthermore, MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request is not supported as the claimant has already received physical therapy according to the records, and the 12 sessions are beyond guideline recommendations. Therefore, this request is not medically necessary.