

<b>Case Number:</b>	CM15-0114996		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 49 year old woman sustained an industrial injury on 3/30/2007. The mechanism of injury is not detailed. Diagnoses include lumbosacral annul tears, herniated nucleus pulposus, lumbar facet syndrome, lumbar spine r = pain with radiculopathy, chronic opioid dependency, and bilateral sacroiliac joint dysfunction. Treatment has included oral and topical medications. Physician notes from a pain management consultation dated 5/22/2014 show complaints of mid back and left lower extremity pain rated 4/10. The worker states she is trying to decrease her pain medications. Recommendations include bilateral sacroiliac joint injections, pain management agreement signed, request medical records be sent, Fentanyl patch, Hydrocodone/Acetaminophen, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 4 visits per month for 4 months (16 total) to include aqua therapy - lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy visits four per month times four months (16 visits) to include aquatic therapy lumbar is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Aquatic therapy is recommended as an optional form of exercise therapy, 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, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar facet syndrome; herniated nucleus pulposus L2 through S1; lumbar pain with radiculopathy left; chronic opiate therapy; bilateral sacroiliac joint dysfunction; and depression. The request for authorization is dated May 21, 2015. The treatment plan in the February 5, 2015 progress note contains a request for physical therapy four times per month times four months to include aquatic therapy to the lumbar spine. A progress note dated April 2, 2015 (a contemporaneous progress note to the request for authorization) does not contain a request for physical therapy. Subjectively, the injured worker complains of low back pain that radiates to the lower extremity. There is no documentation of prior physical therapy or aquatic therapy. There is no progress note documentation and no evidence of objective functional improvement. The total number of physical therapy sessions to date are not documented in the record. There is no contemporaneous clinical indication or rationale according to the request for authorization date. There is no clinical indication or rationale for aquatic therapy (where reduced weight-bearing is clinically indicated). Consequently, absent clinical indication with prior physical therapy, the total number of physical therapy sessions, documentation of objective functional improvement (prior physical therapy and aquatic therapy) and a clinical rationale for aquatic therapy where reduced weight-bearing is desirable, physical therapy visits four per month times four months (16 visits) to include aquatic therapy lumbar is not medically necessary.