

<b>Case Number:</b>	CM15-0116851		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female who sustained an industrial injury on 10/29/14 when she hit her back against a bar at the back of a bus when she was pushing a wheelchair onto the bus. She currently complains of intermittent back pain. The physical exam was unremarkable (5/12/15 note). Medications were nabumetone, cyclobenzaprine. Diagnoses include lumbar sprain/ strain; lumbar disc; L5-S1 annualr disc tear, small disc protrusion on the right side; right lumbar radiculitis. Treatments to date include medications; physical therapy. Diagnostics include MRI of the lumbar spine (1/22/15) showing small disc protrusion at L5-S1 on the right side and central canal stenosis at L4-5. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for aqua therapy for lumbar spine six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy to the lumbar spine 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 133, 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and continues to be treated for chronic pain including chronic low back pain. When seen, there was decreased lumbar spine range of motion. The claimant's BMI is over 35. Treatments have included land based physical therapy and 5 aquatic treatments through April 2015. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy was appropriate. However, if there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.