

<b>Case Number:</b>	CM15-0143526		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/11/1999
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 38-year-old male who sustained an industrial injury on 10-11-1999. Diagnoses include lumbar spine sprain, postoperative multiple surgeries, fusions (four); insomnia and depression. Treatment to date has included medications, spinal injections, spinal fusions, spinal cord stimulator (SCS) and home exercise; he failed permanent SCS placement. According to the progress notes dated 6-18-2015, the IW (injured worker) reported constant low back pain traveling into the right leg with numbness and weakness. He also reported he fell at home a week ago, due to his leg giving way, fracturing two ribs. He had severe pain and bruising. On examination, he was anxious, depressed and crying; he was frustrated about his constant pain and medical condition. The lumbosacral spine was tender and straight leg raise was positive at 70 degrees bilaterally. An MRI of the lumbar spine on 8-4-2014 showed evidence of the fusion at L4-5 and L5-S1 and laminectomy at L4 and L5; fluid collection at the laminectomy site and L5, likely representing seroma; and degenerative change at L3-L4 with moderate to severe dural compression and moderate neural foraminal stenosis. Electrodiagnostic testing of the lower extremities on 11-5-2014 showed evidence of mild chronic bilateral L5 radiculopathy. A request was made for unknown sessions (short course) of aquatic therapy to decrease pain and improve function; he had good results from previous sessions and was unable to tolerate land therapy due to severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown sessions of aquatic therapy: 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, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The current request is for Unknown sessions of aquatic therapy. Treatment to date has included medications, spinal injections, spinal fusions (2009 and 2010), spinal cord stimulator (SCS) and home exercise; and failed permanent SCS placement. MTUS, Aquatic Therapy Section, page 22 states: "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, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS, Physical Medicine Section, pages 98-99 state: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks. Per report 06/10/15, the patient presents with constant low back pain traveling into the right leg with numbness and weakness. He also reported he fell at home a week ago, due to his leg giving way, and fractured two ribs. He had severe pain and bruising. Examination revealed positive SLR, Patrick's and facet loading tests. Sensation was decreased to light touch in the lower extremities and there was weakness noted. Request was made for a "short course of aquatic therapy," to reduce pain and increase function as the patient is unable to tolerate land therapy due to severe pain. There is no RFA requesting aqua therapy. The treater states that the patient has positive response from prior sessions in 2011. Currently he has no relief with home therapy and he does not have access to a pool. Given that the patient is unable to tolerate land therapy and has no relief with home therapy, aquatic therapy may be considered. However, the progress report and RFA does not specify the quantity being requested. An open-ended request for such treatment cannot be supported. The request, as stated, is not medically necessary.