

<b>Case Number:</b>	CM15-0170478		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2015

### 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:

This is a 34 year old male with a date of injury on 4-9-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease. Medical records (4-2-2015 to 7-30-2015) indicate ongoing back pain. The injured worker complained of intermittent cramping in his right calf. He reported increased pain on 7-30-2015 due to running out of medications. The physical exam (4-2-2015 to 7-30-2015) reveals "satisfactory sensory, motor and deep tendon reflexes." Treatment has included surgery, topical creams and medications (Tramadol, Gabapentin and Nortriptyline). The request for authorization dated 8-3-2015 was for aqua therapy and psychological evaluation for chronic pain. The original Utilization Review (UR) (8-14-2015) non-certified a request for aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatherapy, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 injury in April 2012 and continues to be treated for low back pain with intermittent right lower extremity cramping. Treatments include an L5-S1 lumbar fusion. When seen, he was having increased pain after running out of medications three days before. Physical examination findings included satisfactory strength, sensation, and reflexes. Medications were prescribed. He was referred for water therapy due to deconditioning and for psychotherapy for the treatment of chronic pain. 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, there is no identified comorbid condition that would prevent land based therapy. Additionally, the claimant had increased pain after running out of medications which were refilled. Lastly, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. 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.