

<b>Case Number:</b>	CM15-0172761		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old female who sustained an industrial injury on 3-14-12. Diagnoses are lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, lumbar facet pain, left sacroiliitis, and clinically consistent cervical radiculopathy. Previous treatment includes at least 6 physical therapy sessions, medication, Toradol injections, and home stretching. In a progress report dated 6-26-15, the physician notes she continues to have persistent lower back pain, rated at 9 out of 10 in severity. Pain is described as deep and aching into the lower back and coccyx areas with increasing pain into the left leg. Lyrica was increased on her last visit due to increasing pain level and her anti-inflammatory was changed to Celebrex to replace Naproxen. She notes difficulty sleeping and that her functionality has gone down. Electromyography and nerve conduction study done 3-4-12, showed possible L5 or S1 radiculopathy with no evidence of polyneuropathy or peripheral nerve entrapment. An MRI of the lumbar spine dated 11-5-13 showed mild edge compatible degenerative changes in the lumbar spine most significant at L3-L4 with desiccative annular bulging and mild facet arthrosis. Objective findings are noted as positive for pain, headaches, anxiety and depression. There is tenderness and spasm, lumbar paraspinal muscle stiffness on motion of the spine, and tenderness to bilateral facet joints. She is noted to be permanent and stationary. The requested treatment of Lyrica and Naproxen was approved on 8-17-15. The requested treatment of aquatic therapy to the lumbar spine, quantity of 8, was denied on 8-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy to the lumbar spine, Qty 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, under Aquatic Therapy.

**Decision rationale:** This claimant was injured in 2012 with diagnoses of lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet pain, left sacroiliitis, and clinically consistent cervical radiculopathy. Previous treatment includes at least 6 physical therapy sessions. Objective functional improvement out of past therapy is not addressed. As of June, there was persistent lower back pain, rated at 9 out of 10 in severity. The claimant is noted to be permanent and stationary. Specifically regarding aquatic therapy, the cited guides note under Aquatic Therapy: 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. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Moreover, the status of the independent home program is not addressed; it is not clear why the claimant would quit doing it. Further, it is not clear why aquatics are needed in lieu of standard land therapy. Finally, objective functional improvement out of past therapy is not addressed. The request is appropriately not medically necessary.