

<b>Case Number:</b>	CM15-0173817		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 11-7-14. The injured worker is undergoing treatment for sciatica, sacroiliac ligament strain-sprain and low back pain. Medical records dated 7-28-15 indicate the injured worker complains of back pain described as tingling. He rates his pain over the previous week as 5 out of 10 at best, 7 out of 10 at worst and on average 8 out of 10. Physical exam dated 7-28-15 notes low back and buttock trigger points bilaterally with positive sacroiliac compression test. Treatment to date has included physical therapy. The note dated 6-30-15 reviews a lumbar magnetic resonance imaging (MRI) from 5-31-15 indicating "significant discogenic changes with chronic appearing herniations and significant central stenosis." The original utilization review dated 8-25-15 indicates the request for spinal Q brace and 16 aquatic follow up sessions is non-certified noting lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and not recommended as a treatment for back pain. Aquatic therapy is specifically recommended where reduced weight bearing is desirable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Posture Garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, Spinal Q brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnoses are sciatica; sprains and strains of the sacroiliac ligament; and low back pain. Date of injury is November 7, 2014. Request for authorization is August 18, 2015. According to a June 1 2015 physical therapy progress note, the worker completed 12 of 12 visible therapy sessions. The injured worker is status post quadriceps rupture with repair. There are no additional physical therapy progress notes in the medical record. The injured worker completed 12 out of 12 physical therapy sessions, but it is unclear whether additional physical therapy or aquatic therapy was rendered to the injured worker. According to a July 28, 2015 progress note, the injured worker has complaints of back pain 5/10. Objectively, there were trigger points present on physical examination. The quadriceps injury is approximately 9 months old. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is no clinical indication or rationale for the spinal Q brace. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, date of injury in combination with recent back pain according to the July 28, 2015 progress note with no lumbar instability and guideline on recommendations, Spinal Q brace is not medically necessary.

#### **16 Aquatic Follow-Up Sessions: 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) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 16 aquatic therapy follow-up sessions are not medically necessary. 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 sciatica; sprains and strains of the sacroiliac ligament; and low back pain. Date of injury is November 7, 2014. Request for authorization is

August 18, 2015. According to a June 1 2015 physical therapy progress note, the worker completed 12 of 12 visible therapy sessions. The injured worker is status post quadriceps rupture with repair. There are no additional physical therapy progress notes in the medical record. The injured worker completed 12 out of 12 physical therapy sessions, but it is unclear whether additional physical therapy or aquatic therapy was rendered to the injured worker. According to a July 28, 2015 progress note, the injured worker has complaints of back pain 5/10. Objectively, there were trigger points present on physical examination. There is no documentation of failed land-based physical therapy. There is no documentation reduced weight-bearing is recommended or desirable. There are no compelling clinical facts indicating additional aquatic therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy, no clinical indication or rationale for aquatic therapy and no compelling clinical facts indicating additional physical therapy is warranted, 16 aquatic therapy follow-up sessions are not medically necessary.