

<b>Case Number:</b>	CM15-0174376		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 51 year old female, who sustained cumulative industrial trauma on August 14, 2013, resulting in pain or injury to the lower back. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis without myelopathy. On July 22, 2015, the injured worker reported mild low back pain, with stiffness and weakness. The Primary Treating Physician's report dated July 22, 2015, noted the injured worker reported 60% relief of low back pain from a lumbar rhizotomy on June 24, 2015, with increase in activities of daily living (ADLs) and function. The injured worker reported a pain level of 4 out of 10 with medications. The injured worker reported she was seen by the QME with recommendations for aqua therapy and a TENS unit. Physical examination was noted to show L2-L5 paraspinal muscle spasms, tenderness, bilateral lumbar facet tenderness, decreased range of motion (ROM), and negative straight leg raise. The injured worker's current medications were listed as Duexis and Lyrica. Prior treatments have included lumbar facet injections April 21, 2015, radiofrequency right lumbar facet neurotomy June 24, 2015, radiofrequency left lumbar facet neurotomy on June 9, 2015, lumbar transforaminal nerve blocks April 7, 2014, home exercise program (HEP), activity modification, physical therapy, chiropractic treatments, and medications including anti-inflammatories and muscle relaxants. The treatment plan was noted to include continuation of home exercise program (HEP) and physical therapy, medication refills, and recommendation of aqua therapy and TENS unit. The Physician noted the injured worker was to remain off work. The injured worker's work status was noted to be temporarily totally disabled. The Qualified Medical Evaluation (QME) report

dated May 27, 2015, noted a recommendation for a trial of aquatic rehabilitation in a warm water environment. The request for authorization dated July 24, 2015, requested Aquatic therapy 2 times a week for 6 weeks for the lower back. The Utilization Review (UR) dated July 29, 2015, denied the request for Aquatic therapy 2 times a week for 6 weeks for the lower back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 2 times a week for 6 weeks for the lower back:** 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, Physical Medicine.

**Decision rationale:** As per MTUS Chronic pain guidelines, aquatic therapy may be considered in patients who are not able to tolerate land based therapy. Guidelines also recommend physical therapy for acute injuries with less data to support chronic pain. As per guidelines, up to 10 sessions is recommended with an initial trial of 6 sessions being recommended first. There is no documentation of any prior PT which is unlikely in patient's condition. There is no documentation as to why patient cannot tolerate standard therapy. This request alone exceeds the maximum number of PT sessions recommended. Aqua therapy is not medically necessary.