

<b>Case Number:</b>	CM15-0175040		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	09/02/2015
<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: 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 11-29-2012. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, and shoulder joint pain. The request for authorization is for: aquatic therapy for the neck, shoulder and low back, Qty 6. The UR dated 9-2-2015: non-certified the request for aquatic therapy for the neck, shoulder and low back, Qty 6. On 5-13-2015, he reported low back pain with radiation into the lower extremities down to the calves. He reported that he is doing his home exercise program and that when he does walk long distances he takes breaks "due to the burning pain in his bilateral buttocks". Objective findings do not include low back examination findings. On 7-7-2015, he reported low back pain with radiation into the bilateral lower extremities. He indicated Gabapentin reduced his neuropathic symptoms. The objective findings do not have documentation regarding the low back. On 8-25-15, he reported low back pain that was worsened by approximately 30%. "He also reported increase in occurrences of flare-ups". He indicated there to be radiating pain into the bilateral lower extremities extending down to the calves. He rated his pain 6-8 out of 10. He is reported to have tried epidural injection without relief, and "continue to be interested in conservative measures such as aqua therapy". Objective findings revealed a bilaterally positive straight leg raise test, spasm and guarding in the low back area. The treatment and diagnostic testing to date has included: home exercises, stretching, medications, lumbar epidural injection (3-17-15), magnetic resonance imaging of the cervical spine (8-14-2012), magnetic resonance imaging of the left shoulder (10-11-2013 and 5-1-2015), and magnetic resonance imaging of the lumbar spine (2-2-2013), urine drug screen (8-25-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aquatic Therapy for the Neck, Shoulder, and Low Back QTY: 6: Overturned**

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

**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, (2008) Chronic Pain, p87.

**Decision rationale:** The claimant sustained a work injury in November 2012 and continues to be treated for chronic back pain. An MRI of the lumbar spine included findings of lumbar spinal stenosis and facet arthropathy. When seen, he was having worsening back pain with decreased tolerance for activities of daily living. His pain was improved with medications, stretching, and home exercises. He had undergone an epidural injection without pain relief. He was interested in trying aquatic therapy. Physical examination findings included a nearly ideal body weight. There was positive straight leg raising. There was and muscle guarding in the lumbar spine. Authorization was requested for six sessions of aquatic therapy. The claimant had not had physical therapy for more than one year. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy and aquatic therapy can be recommended for patients with conditions where there are comorbidities that could be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant performs a home exercise program but has ongoing symptoms, He has lumbar spinal stenosis and facet arthropathy and weight bearing activities in the upright position could reasonably be expected to place additional stress across the lumbar facet joints and limit his ability to benefit from land-based exercises. The requested number of treatments is within that recommended for chronic pain and the request can be accepted as being medically necessary.