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| <b>Case Number:</b>   | CM15-0177717 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 02/19/2014 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2015 |

### 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 37 year old male, who sustained an industrial injury on 2-19-2014. The injured worker is being treated for chronic low back pain with lumbosacral radiculopathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), epidural injections and medications. Per the most recent submitted Primary Treating Physician's Progress Report dated 8-07-2015, the injured worker presented for follow-up. He reported constant pain in the low back with constant radiation down the back of both legs and inner legs to both feet. He also has shooting pain into the neck and back. Objective findings included pain with lumbar extension and rotation and pain with palpation across the low back, left buttock and posterior thigh. Forward flexion was to mid-tibia with discomfort. Straight leg raise test was positive on the left at 45 degrees. Per the only medical records submitted (dated 6-25-2015 to 8-07-2015) there is no documentation of prior therapy or any functional improvement with therapy. Work status was temporary total disability. The plan of care included surgical intervention. On 8-24-2015, Utilization Review non-certified the request for aquatic therapy (2x4) citing guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Aquatic Therapy Two (2) Times a Week for Four (4) Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical 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, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in February 2014 and is being treated for chronic low back pain with lower extremity radiating symptoms. Lumbar epidural steroid injections were done in February and May 2015. When seen, he was having constant symptoms. He was being seen to discuss surgical treatment. Physical examination findings included a BMI of over 32. There was pain with lumbar range of motion and a forward flexed posture when ambulating. There was decreased left lower extremity strength with positive spr. Authorization for post-operative aquatic therapy is being requested. 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, the claimant is noted to be obese. However, the surgical procedure being requested was not specified in the records submitted for review and there would be no evidence of a failure of conventional land-based post-operative physical therapy. The request is not considered medically necessary.