

<b>Case Number:</b>	CM15-0026927		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 28 year old male who sustained a work related injury February 4, 2010. According to a pain management physician's note, dated January 15, 2015, the injured worker presented with increased chronic low back pain with numbness and tingling in the left upper extremity. He is not able to sleep or relax. Current medications include Tramadol, Flexeril, and Skelaxin. He is requesting pain medication and muscle relaxants which are non-sedating. Impression is documented as chronic lower back pain with flare-up, lumbosacral degenerative disc disease and anxiety. Treatment plan included; pool physical therapy, prescription for Robaxin and advised to continue with his home exercise and walking program. According to utilization review dated February 2, 2015, the request for Pool Therapy (2) x Week x (4) Weeks, Lower Back is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 2 x 4 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 98-99, 22.

**Decision rationale:** The patient is a 28 year old male who presents with chronic lower back pain rated 7/10 at best and 10/10 at worst. The patient's date of injury is 02/04/10. Patient has no documented surgical history directed at this complaint. The request is for POOL THERAPY 2X4 FOR THE LOWER BACK. The RFA was not provided. Physical examination dated 01/15/15 reveals an antalgic gait, postural guarding, and notes patient caution upon sitting and standing. No other positive pertinent physical findings are included. The patient is currently prescribed Robaxin. Diagnostic imaging was not provided. Patient's current work status was not provided. MTUS Guidelines, page 22, under Aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. MTUS Guidelines, pages 98-99, under Physical Medicine: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks. In regards to the request for 8 aquatic therapy sessions for the management of this patient's chronic lower back pain, treater has not provided a reason for the request. Progress reports indicate that this patient has completed an unspecified course of physical therapy with positive results, though the exact number of sessions is not given. Additionally, progress note dated 11/19/14 states: "The patient is at a stable level. He is not taking any medications. He is doing a home exercise program." Ordinarily, aquatic therapy is indicated for individuals for whom traditional physical therapy is excessively difficult due to being overweight or obese. There is no discussion provided as to why this patient requires reduced weight-bearing physical therapy or why a home-based physical therapy regimen is insufficient. Therefore, this request IS NOT medically necessary.