

Case Number:	CM13-0016278		
Date Assigned:	11/06/2013	Date of Injury:	12/16/2008
Decision Date:	02/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year-old male with a 12/16/08 industrial claim. He underwent lumbar surgery at L3/4, L4/5 and L5/S1 on 3/2/13. He has been diagnosed with right-sided L5/S1 disc herniation and right-sided S1 radiculopathy; s/p L5/S1 right side hemilaminectomy and discectomy with nerve root mobilization; disc degeneration and annular tear; s/p anterior lumbar discectomy and fusion with fusion cage and anterior plate insertion of total disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X4 WEEKS LOW BACK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Section Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The patient is in the post-surgical physical medicine treatment timeframe for the lumbar fusion and artificial disc procedure on 3/2/13. The PT notes show he has had 7 visits as of 6/28/13. MTUS post-surgical guidelines show the general course of care is 34 visits for the fusion, and the initial course of care is 17 visits. The physical therapy notes show 7 sessions of

aquatic therapy starting on 6/4/13 through 6/28/13. The physical therapy notes show the patient was participating in active aquatic therapy. [REDACTED] states it has been "extremely beneficial" on his 8/27/13 report. The request for 8 additional aquatic therapy sessions for post-lumbar 3-level fusion/artificial disc procedure appears to be in accordance with the Post-surgical treatment guidelines.