

<b>Case Number:</b>	CM13-0017909		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 orthopedic surgery and is licensed to practice in Texas. 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:

The patient is a 55-year-old male who reported an injury on 06/13/2007, due to cumulative trauma that ultimately resulted in spinal fusion at the L3-4, L4-5, and L5-S1 levels. The patient was treated postoperatively with medications and physical therapy. The patient's most recent clinical examination findings included reduced range of motion of the lumbar spine with decreased sensation to pinprick in the L3 through S1 dermatomes bilaterally. The patient's diagnoses included status post L2-S1 lumbar spinal fusion, disc protrusion at the L1-2 with facet arthrosis at the L1-2. The patient's treatment plan included an EMG/NCV study and continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3x8 Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** .The requested aquatic therapy 3 x 8 for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide

evidence that the patient recently underwent lumbar spinal fusion at the L5-S1. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who would benefit from nonweightbearing active therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires nonweightbearing status during participation in active therapy. Additionally, California Medical Treatment Utilization Schedule recommends a total of 36 visits in the postsurgical management of a fusion. A general course of therapy should be based on an initial course of therapy that is described as half the number of recommended visits. The requested 24 visits exceed this recommendation. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested aquatic therapy 3 x 8 for the lumbar spine is not medically necessary or appropriate.