

<b>Case Number:</b>	CM13-0070554		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 patient sustained an injury on 5/28/09. Conservative care has included medications, physical therapy, and time off work. Report of 12/9/13 from the provider noted the patient with significant issues of pain, depression, hopelessness, poor concentration, loss of appetite, poor motivation, and fatigue. Low back pain is rated at 8/10 with radiation to the left leg. MRI of the lumbar spine dated 11/16/13 noted disk herniation at L5-S1. Exam noted bilateral lower extremity weakness ; positive SLR of left. Medications include Elavil, start BuTrans, orthopedic spine consult, aquatic therapy while remaining off work and on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOPEDIC CONSULT AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7-Independent Medical Examinations and Consultations Regarding Referrals.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** Submitted reports have demonstrated radicular symptoms and report of disc herniation by MRI; however, exam indicated generalized extremity weakness with positive SLR

without other dermatomal or myotomal correlation. An orthopedic consultation is medically indicated to provide expert surgical opinion and has been recently authorized; however, unspecified treatment thereafter is not medically appropriate without more specific requests from the consultant. Therefore, the request for orthopedic consult and treatment is not medically necessary and appropriate.

**AQUATIC THERAPY 2X6 LUMBAR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98-99; 22.

**Decision rationale:** Pool therapy does not seem appropriate as the patient has received land-based physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time, the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The request is not medically necessary and appropriate.