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| <b>Case Number:</b>   | CM14-0108179 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 07/04/2012 |
| <b>Decision Date:</b> | 09/17/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 69 year old male with complaints of low back pain, right lower extremity pain, spasm, stiffness, and numbness. The date of injury is 7/4/12 and the mechanism of injury is a lifting injury involving heavy pots leading to his current symptoms. At the time of request for aquatic therapy of unspecified duration, there is subjective (low back pain, right leg pain, numbness) and objective (tenderness to palpation lumbosacral area, muscle spasm of lumbosacral area, reduced range of motion lumbosacral, diminished sensation, reduced strength) findings, imaging findings ( AP lateral flexion extension xray dated 5/7/14 shows laminotomy defect, no bony deformities or instability, MRI dated 8/13/12 shows disc protrusion at L4/5 left greater than right, L5/S1 loss of disc height no protrusion), diagnoses ( lumbar strain, facet syndomre, discogenic pain, lumobsacral radiculopathy, chronic pain), and treatment to date (surgical decompression L4/5,L5/S1, medications, physical therapy, epidural steroid injections, facet injections, and neurolysis). In regards to aquatic/physical therapy, , there is inconclusive evidence for the effectiveness of outpatient physical therapy after first lumbar discectomy. Although evidence from two trials suggested that intervention might reduce disability short term, and more intensive intervention may be more beneficial than less intensive therapy, pooled results did not show statistically significant benefit. There is moderate to low quality evidence for effectiveness of postoperative exercise programs starting 4-6 weeks after lumbar disc surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy (unspecified duration):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY Page(s): 22 OF 127. Decision based on Non-MTUS Citation OFFICIAL  
DISABILITY GUIDELINES (ODG) INTEGRATED TREATMENT/DISABILITY  
GUIDELINES FOR LOW BACK, PHYSICAL AND AQUATIC THERAPY.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment guidelines and ODG, there is inconclusive evidence for the effectiveness of outpatient physical therapy after first lumbar discectomy. Although evidence from two trials suggested that intervention might reduce disability short term, and more intensive intervention may be more beneficial than less intensive therapy, pooled results did not show statistically significant benefit. There is moderate to low quality evidence for effectiveness of postoperative exercise programs starting 4-6 weeks after lumbar disc surgery. At this point, the patient has had 18 sessions of aquatic therapy and the focus now should be switched to a disciplined home exercise program. Therefore, the request for additional aquatic therapy of unspecified duration is not medically necessary.