

<b>Case Number:</b>	CM14-0016612		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & Rehabilitation 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 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 36-year-old male who reported an injury on 05/04/2012 after a trip and fall, which reported to cause injury to his low back. The injured worker was treated conservatively with physical therapy, epidural steroid injections, and medications, which failed to resolve the injured worker's symptoms. The injured worker ultimately underwent a laminectomy and microdiscectomy at the left L5-S1. The injured worker was treated postsurgically with physical therapy and aquatic therapy. Evaluation dated 11/27/2013, documented that the patient had ongoing pain complaints. Physical findings included persistent S1 hypesthesia, no clear cut evidence of motor deficits. Diagnoses included improving axial lumbar and left L5-S1 radicular pain. Treatment plan included continuation of conservative treatments. A request was made for 8 additional postoperative physical therapy sessions for the lumbar spine and 8 additional aquatic therapy sessions. The patient was also referred to a work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 SESSIONS OF PHYSICAL THERAPY FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment; Post-Surgical Treatment Guidelines, Physical Medicine; Discectomy/Laminectomy.

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS guidelines recommends up to 16 sessions of physical therapy in the postsurgical management of a lumbar laminectomy and discectomy. The clinical documentation submitted for review does indicate that the injured worker has already participated in a period of postoperative physical therapy and aquatic therapy. However, the specific number of sessions and efficacy of that therapy was not provided. Therefore, there is no way to determine the appropriateness of additional therapy. Also, the California MTUS recommends that injured workers be transitioned into a home exercise program to maintain improvement levels while obtained during skilled physical therapy. There is no documentation that the injured worker is currently participating in a home exercise program. The request for 8 physical therapy sessions for the lumbar spine is not medically necessary and appropriate.

**8 SESSIONS OF WATER THERAPY FOR LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS recommends aquatic therapy for injured workers who require a non-weight-bearing environment while participating in active therapy. The clinical documentation does indicate that the injured worker has previously participated in postsurgical aquatic therapy. However, justification for additional aquatic therapy is not provided. There is no indication that the injured worker continues to require a non-weight-bearing environment to address the injured worker's remaining deficits. The request for 8 sessions of water therapy for the lumbar spine is not medically necessary and appropriate.