

<b>Case Number:</b>	CM14-0018159		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/13/2005
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopedic Surgery, and is licensed to practice in New Hampshire, New York, and Washington. 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 patient is a 52-year-old female with the date of injury of December 13, 2005. She had L4-5 posterior spinal fusion and decompression in September 2013. The patient continues to complain of low back pain. She reports that her right leg pain has improved since surgery. She started pool therapy on December 12, 2013. She reports that when she does the therapy and when she gets soft tissue massage, she experiences more pain. Exam shows 4+ diminished strength in the upper and lower extremities due to pain. There is back pain with straight leg raising and tenderness to the back. At issue is whether additional Pool therapy is medically necessary at this time. According to the medical records the patient has completed seven physical therapy visits. She has a pain level of 7/10. The patient is independent with home exercise program. She has met her goal of being able to ambulate with equal weight-bearing to the bilateral lower extremities. The physical therapist has documented that the patient showed significant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POOL THERAPY 2 X 7 LUMBAR:** Upheld

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

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

**Decision rationale:** According to the medical records, the patient has already completed 10 out of 12 pool therapy visits. The medical records also indicate that the patient has documented evidence of significant improvement at this point postoperatively. Evidence-based guidelines recommend up to 34 visits following lumbar fusion. According to the therapist, the patient has demonstrated improvement with being able to perform functional mobility and transfers, and is able to bear weight equally and ambulate without significant difficulty. At this point there is no indication why the patient cannot be transferred to land-based program. The medical records indicate that the patient has had increased pain with pool therapy. Guidelines indicate that the patient should be transitioned to a home program or self-paced program as soon as possible and when medically feasible. The medical records indicate that this patient should be transitioned to a land-based physical therapy program or a home program. Therefore additional pool visits are not medically necessary and the request is noncertified.