

<b>Case Number:</b>	CM14-0157470		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Family Medicine and is licensed to practice in California and 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:

This is a 36 years old male patient who sustained an injury on 1/6/2011. He sustained the injury while lifting. The current diagnoses include low back pain and status post lumbar surgery. Per the doctor's note dated 8/21/14, he had complaints of lower back pain. The physical examination of the lumbar spine revealed range of motion- flexion at 40 degrees, extension at 25 degrees, and bilateral bending at 20 degrees, minimal tenderness over the paraspinal muscles, negative straight leg raising bilaterally at 90 degrees, 5/5 motor strength and intact sensation bilaterally. The medications list was not specified in the records provided. He has had X-ray of the lumbosacral spine dated 6/7/11 which revealed minimal degenerative changes; Magnetic resonance imaging (MRI) of the lumbar spine dated 7/16/11 which revealed at L5-S1, a 6 mm left paracentral disc protrusion with an approximate 6 mm extruded fragment tracking superiorly from the disc space lying behind the inferior endplate of L5 filling the left lateral recess, likely contacting the traversing nerve roots at this level, severe left foraminal narrowing with contact of the exiting left L5 nerve root, milder right foraminal narrowing, facet hypertrophy, at L4-L5, a 6 mm right lateral disc protrusion causing severe right foramina! narrowing with mild left foraminal narrowing and bilateral facet hypertrophy, 2 mm disc bulges at L2-L3 and L3-L4 with facet hypertrophy at L3-L4, congenitally short pedicles and prominent epidural fat contributing to a central stenosis in the lower lumbar spine; lumbar MRI dated 3/31/14 which revealed postsurgical changes of left L5-S1 hemi-laminectomy with interval development of a left subarticular 6 x 10 mm disc extrusion versus synovial cyst, likely impinging upon descending left SI nerve roots and markedly effacing the left subarticular recess, severe left neural foraminal stenosis with impingement of the left L5 nerve, mildly progressed and right foraminal L4-5 annular fissure and focal disc protrusion resulting in mild right neural foraminal narrowing

unchanged. He has undergone lumbar decompression of L5-S1 dated 8/21/12. He has had physical therapy visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 2xwk x 6wks lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. The medical necessity of the Aquatic therapy 2xwk x 6wks lumbar is not fully established for this patient. The request is not medically necessary and appropriate.