

<b>Case Number:</b>	CM14-0184042		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Minnesota. 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 injured worker is a 29 year old male who sustained a low back injury from lifting on 12/17/2012. He was complaining of low back pain radiating down both lower extremities. He also complained of neck pain radiating down both upper extremities. An MRI revealed evidence of degenerative disc disease with narrowed disc spaces at L4-5 and L5-S1. There was a 2-3 mm diffuse broad based bulge at L4-5 with a Schmorl's node. There was a 2 mm diffuse broad based bulge at L5-S1 with 4-5 mm central disc protrusion but no nerve root compression was documented. A cervical MRI was entirely negative. The worker underwent an anterior and posterior discectomy and fusion with instrumentation on 8/19/2014. A post-operative visit of 10/01/2014 documented that he was doing well and had no evidence of radiculopathy. At that time aquatic therapy 3 times a week for 6 weeks was requested. UR denied the request as there was no clarification if this was the initial post-surgical physical therapy or a request for additional physical therapy because the surgery had been performed on 8/19/2014. No additional documentation or prior physical therapy notes have been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associate Surgical Services: Aquatic therapy three times a week for six weeks for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 10, 11, 26.

**Decision rationale:** California MTUS post-operative physical therapy guidelines recommend an initial period of therapy of 17 sessions for a lumbar fusion followed by a subsequent period of therapy if continuing functional improvement can be documented. The total recommended therapy is 34 sessions over 16 weeks. This can be further increased if there is convincing evidence of additional functional improvement with more therapy. The post-surgical physical medicine treatment period is 6 months. Based upon the documentation of 10/01/2014 the worker was doing well. Therefore it seems unlikely that he will need more than the initial 17 sessions. The type of therapy requested is aquatic therapy which is usually recommended for obese patients or when reduced weight bearing is desired or for women with fibromyalgia. The records submitted do not indicate the presence of obesity or need for reduced weight bearing. No prior post-operative therapy is documented. However, the medical necessity for post-operative therapy is clearly present and the requested number of sessions is close to the guidelines which recommend 17 visits. A transition to a home exercise program can be performed when the worker is ready. Therefore the requested aquatic therapy 3 times a week for 6 weeks is medically necessary.