

<b>Case Number:</b>	CM14-0023677		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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:

Patient has chronic back pain and injured the back lifting boxes. Date of injury is December 1, 1999. The patient has had previous back fusion surgery and previous neck fusion surgery. Patient has a CT scan that shows L4-5 right-sided foraminal stenosis. There is an MRI that shows L4-5 board based disc bulge and bilateral foraminal narrowing at L4-5. Patient has had constant pain interfering with his function. Patient desires to proceed with surgery for L4-5 decompression. At issue is whether physical therapy and aquatic therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low back.

**Decision rationale:** The medical records do not include adequate documentation of a trial and failure of conservative measures. In addition there is no official radiology lodging means of his

CT scan and MRI results in the medical records. None of information is present to suggest that the patient needs surgery. In addition not enough function the evidence is present to determine whether or not the patient requires physical therapy. The request for post-operative physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.

**POST-OPERATIVE AQUATIC THERAPY 2 X WEK FOR 6 WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back: Aquatic Therapy.

**Decision rationale:** The medical records do not include adequate documentation of a trial and failure of conservative measures. In addition there is no official radiology lodging means of his CT scan and MRI results in the medical records. None of information is present to suggest that the patient needs surgery. In addition not enough function the evidence is present to determine whether or not the patient requires physical therapy. The request for post-operative aquatic therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.