

<b>Case Number:</b>	CM14-0025650		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 56 year old female who sustained a work related injury on 8/19/2004. There is no mechanism of injury documented in the medical records provided. Prior treatment included a C4-7 fusion with no specific date of the procedure given. Per the Primary Treating Physician's Progress Report dated 12/18/2013, the injured worker reported neck pain, described as better overall, arms better and continued low back pain. Physical Examination revealed restricted range of motion of the cervical spine, mild trapezial spasm and tingling in the bilateral arms. Lumbar spine exam revealed spasm and painful and limited range of motion, positive Lasegue', straight leg raise to 40 degrees bilaterally. Walking was limited to one half of a block. There was tenderness to palpation across the lumbar spine with decreased range of motion and pain with range of motion. Radiculopathy of L3 on the right and L5 on the left. Muscle strength was within normal limits (5/5). The diagnoses included cervical discogenic disease with radiculopathy, status-post cervical fusion C4-7, lumbar discogenic disease with radiculopathy, intractable chronic low back pain and headaches. She received two trigger point injections. The plan of care included replacement of lumbar spine corset, medication management, lumbar surgery, follow up care, aquatic physical therapy and EMG/NCV testing of the bilateral upper and lower extremities. Work Status was temporary total disability. On 2/13/2014, Utilization Review non-certified a prescription for Aquatic Physical Therapy, two times a week for six weeks for the cervical/lumbar spine based on lack of medical necessity. The MTUS Chronic Pain Medical Treatment Guidelines, ACOEM, Postsurgical Treatment Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical Therapy two (2) times a week for six (6) weeks for the cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 25, 26.

**Decision rationale:** This patient presents with low back and neck pain. The patient is status post cervical fusion, date unknown but estimated to be July 2013. The provider is requesting 12 aquatic physical therapy sessions for the cervical and lumbar spine from the report 12/18/2013. The MTUS Post-Surgical Guidelines page 25 and 26 for fusion recommends 34 visits over 16 weeks with maximum duration of 6 months. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. In this case the records do not indicate how many post-surgical physical therapy visits the patient has completed. The 12/18/2013 report notes that the patient is "doing well" 4 to 5 months post-operative. The treating physician does not document that the patient is obese and there is no information provided to document that the patient has any weight bearing issues. While this patient may require further post-surgical physical therapy treatment, the treating physician has failed to document the necessary information that is needed to compare what has been done to the MTUS recommendations. Therefore, this request is not medically necessary.