

<b>Case Number:</b>	CM14-0036854		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 36 year-old patient sustained an injury on 5/14/10 from driving heavy equipment while employed by [REDACTED]. Request(s) under consideration include 8 aquatic therapy sessions for the lumbar spine 2 x per week for 4 weeks. Report of 5/15/13 from neurosurgical provider noted patient is s/p L5-S1 anterior lumbar interbody fusion (DOS 11/13/12) with interim L5-S1 bilateral facet injection completed. Exam noted pain at about 10 degrees extension; ambulates with walker; no detection of gross motor weakness, but with subjective weakness; no specific dermatomal distribution deficit. CT myelogram completed in interim was read as normal without any evidence of nerve root or thecal sac compression. Treatment discussion noted the patient has "chronic pain after surgery now about 7 months out with failed therapy; failed epidural and facet injections; however, has had MRI of lumbar spine and CT myelogram which does not reveal any organic lesions." Plan was for psychological evaluation prior to spinal cord stimulator trial. Report of CT scan of lumbar spine dated 11/7/13 noted s/p L5-S1 interbody fusion with corporal screws; surgical hardware was intact appropriate spacer without subsidence; minimal osseous ankylosis without suspicious fluid collections. Electrodiagnostic study on 11/11/13 showed chronic L5-S1 radiculopathy without plexopathy or peripheral neuropathy. Report of 11/6/13 from the provider noted patient ambulating with LSO brace in place and walker with some pain. Exam was pain-limited but did not appear with any focal neurological deficits; generalized decreased sensation of both lower extremities. Treatment was to continue PT, refill Norco. Physical therapy report of 1/20/14 noted active range with right side bending to 11 degrees, left side to 13, flexion to 24 degrees; 2+/5 hips and ankles; wearing brace and to continue with aerobics. Report of 1/28/14 from the provider noted patient with exam findings of limited lumbar angle of flexion 7 degrees, lateral right and left of 5/7 degrees respectively; DTR 2+ equal in upper and lower extremities/ 4+/5 bilateral ankle and

knee flexors/extensors. The patient remained temporarily totally disabled. Request(s) for 8 aquatic therapy sessions for the lumbar spine 2 x per week for 4 weeks was non-certified on 3/5/14 citing guidelines criteria and lack of medical necessity.

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

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

**8 aquatic therapy sessions for the lumbar spine 2 x per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy: Intervertebral disc disorders without myelopathy.

**Decision rationale:** The Chronic Pain Guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now almost 20 months without report of functional improvement from therapy treatment already rendered. Submitted reports have not demonstrated acute neurological deficits requiring further therapy as the patient has past the rehabilitation period and should be independent with a home exercise program. The 8 aquatic therapy sessions for the lumbar spine 2 times per week for 4 weeks is not medically necessary and appropriate.