

Case Number:	CM14-0003192		
Date Assigned:	09/29/2014	Date of Injury:	02/14/2006
Decision Date:	01/23/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Spinal Surgery 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:

The patient has a date of injury of February 14, 2006. The patient has chronic low back pain. The patient is status post anterior. And posterior lumbar fusion at L5-S1. The surgery was performed in May 2013. The patient has had 24 postoperative physical therapy visits. The patient continues to have low back pain. On physical examination the patient has decreased range of motion of the lumbar spine. Physical therapy notes that the patient's lumbar range of motion has diminished. At issue is whether additional physical therapy is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: This patient does not meet established criteria for additional physical therapy to include aqua therapy for the lumbar spine. Specifically, the medical records do not

document functional improvement with previous physical therapy. The medical necessity for additional physical therapy visits has not been established as the patient does not documented significant improvement with previous physical therapy postoperatively. Is unlikely that aqua therapy would be beneficial improving this patient's degenerative lumbar back pain postsurgically. Medical necessity for aqua therapy postoperatively has not been met.