

<b>Case Number:</b>	CM15-0146573		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female with an industrial injury dated 03-29-2014. The injured worker's diagnoses include status post L4-5 laminectomy and discectomy, chronic deep vein thrombosis of the left leg, status post pulmonary embolism x2, status post transient ischemic attack, mild depression, causalgia, L5-S1 severe degenerative disc disease, spondylolisthesis retrolisthesis, severe canal stenosis L3-4, urinary incontinence, bilateral lumbar facet arthropathy, hypertension, anticoagulation for medical reasons and sleep deprivation. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker underwent laminectomy and discectomy of L4-5 in August of 2014 with a prior diagnosis of bilateral radiculopathy with associated leg weakness. The treating physician reported that a dural tear occurred during the surgery resulting in a visit in the emergency department for rehydration. The injured worker developed deep vein thrombosis of the left calf and subsequently two pulmonary embolisms and a transient ischemic attack. The injured worker reported memory problems, weight gain, and a burning sensation in her feet with swelling. Objective findings revealed nontender lumbar laminectomy scar and the inability to test for lumbar range of motion due to pain and use of wheeled walker for support. Physical exam also revealed muscle spasms, swelling, L4-S1 tenderness, and sacroiliac (SI) joint pain. The treatment plan consisted of medication management, water program and follow up appointment. The treating physician prescribed services for aqua therapy times 12 sessions lumbar and physical therapy times 12 sessions lumbar, now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aqua therapy times 12 sessions lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98-99.

**Decision rationale:** The patient presents with chronic lower back pain with prior laminectomy/discectomy at L4/5 in August of 2014. The current request is for Aqua therapy times 12 sessions lumbar. The utilization review report dated 7/22/15 modified the request to certify 10 aquatic therapy sessions. The treating physician states, She needs to be in a water program and we are requesting a supervised water program weekly x12 with access to the pool on her own on other days. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. MTUS allows 8-10 sessions of PT for patients with myalgia or neuritis type conditions. In this case, the treating physician has requested 12 sessions which exceeds the MTUS guidelines. The current request is not medically necessary.

### **Physical therapy times 12 sessions lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with chronic lower back pain with prior laminectomy/discectomy at L4/5 in August of 2014. The current request is for physical therapy times 12 sessions lumbar. The utilization review report dated 7/22/15 modified the request to certify 10 aquatic therapy sessions. The treating physician states, She needs to be in a water program and we are requesting a supervised water program weekly x12 with access to the pool on her own on other days. The MTUS guidelines allow for 8-10 sessions of physical therapy for patients with myalgia or neuritis type conditions to then transition the patient to a home exercise program. In this case, the treating physician has requested 12 sessions which exceeds the MTUS guidelines and the UR physician modified the request to authorize 10 sessions. The current request is not medically necessary.