

<b>Case Number:</b>	CM15-0183748		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 47-year-old female who sustained an industrial injury on 3/29/14. The mechanism of injury was not documented. The 5/14/15 EMG/NCV study revealed a possible right lumbosacral radiculopathy. The 5/29/15 lumbar spine MRI revealed a large left L2/3 paracentral disc protrusion compressing on the thecal sac and impinging upon the traversing left L3 nerve root in the subarticular recess with no bony or central or foraminal stenosis. Conservative treatment included physical therapy, chiropractic, and acupuncture. The 7/20/15 chiropractic primary treating physician report cited subjective complaints of neck stiffness, constant severe upper/mid-back pain aggravated by lifting overhead, and constant severe low back pain worse with bending or going up/down stairs. She also reported frequent moderate left shoulder pain associated with arm elevation, intermittent moderate left knee pain associated with torque motion at work, and also left arm and hand weakness. She was wearing a low back brace to minimize her pain at work. Physical exam documented painful thoracolumbar range of motion with spinous process, paravertebral muscle, and sacroiliac joint tenderness, thoracolumbar muscle spasms, and painful straight leg raise bilaterally. Left knee range of motion was painful with anteromedial tenderness, positive patellar compression test, and pain with valgus/varus testing. Left shoulder range of motion was painful with global shoulder tenderness, and positive tendon sign. The diagnosis included sprain/strain of the neck, back, left shoulder, and left knee, and lumbar degenerative disc disease and radiculopathy. The 7/23/15 initial spine surgery report cited persistent low back pain radiating down the left leg to the thigh, with associated numbness, tingling and weakness. Physical exam documented left knee and quadriceps muscle weakness and decreased left L3 dermatomal sensation. Authorization was requested for microdiscectomy on the left at L2/3, lumbar support, pre-operative medical clearance and 18 post-operative

aquatic therapy sessions. The 8/31/15 utilization review certified the request for left L2/3 microdiscectomy and pre-operative medical clearance. The request for post-operative lumbar support was non-certified as not supported by guidelines. The request for 18 post-operative aquatic therapy sessions was non-certified as there was a lack for clear rationale for the injured worker to utilize aquatic therapy over land-based therapy post-operatively, and the number of sessions exceeded post-operative treatment recommendations.

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

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

#### **Associated Surgical Services: Lumbar support, Qty 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

#### **Post operative Aquatic Therapy, 18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The California Post-Surgical Treatment Guidelines for lumbar discectomy/laminectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. Guideline criteria have not been met. This injured worker has been certified for a lumbar microdiscectomy. Guidelines would support an initial 8 post-operative physical therapy visits, and a total of 16 visits. There is no compelling reason presented to support the medical necessity of aquatic therapy over land-based therapy for this injured worker. There is no compelling rationale to support the medical necessity of physical medicine treatment beyond guideline recommendations for post-operative treatment. Therefore, this request is not medically necessary.