

<b>Case Number:</b>	CM15-0189611		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 36 year old male who sustained an industrial injury October 20, 2011. Past history included left foot fracture, open reduction internal fixation 5th metatarsal fracture with later hardware removal, revision L4-5 artificial disc replacement and L5-S1 fusion, April 29, 2014. According to a follow-up neurosurgical consultation dated April 16, 2015, the injured worker presented doing well until he developed right leg pain which was worsening. Neurological examination revealed; motor- no apparent deficits; sensory- no apparent deficits; reflexes- knee reflexes are 2+, left ankle jerk 2+, right absent. Diagnoses are compression of nerve root S1 left side; status post lumbar fusion and arthroplasty; right lower extremity radiculitis. A qualified medical examination physician's report dated June 15, 2015, finds the injured worker with complaints of low back pain radiating down the right leg to the foot, increased with bending, stooping, and lifting activities. He also reports pain involving the lateral aspect of his mid left foot. Physical examination revealed; tenderness of the lumbar spine, forward flexion of fingertips to the level of the knees, side bending 10 degrees bilaterally, extension 0 degrees, straight leg raise bilaterally reproduces low back pain at 60 degrees; both hips full motion; right foot slight decrease foot eversion compared to the left otherwise strength appears normal without instability. There are no further current physician's progress reports or requests for authorization for medical review available. At issue, is the request for authorization for post-operative aquatic therapy of the lumbar spine three times a week for six weeks. A CT of the lumbar spine without contrast dated July 2, 2015, (report present in the medical record) impression; artificial disc replacement at the L4-5 level. The hardware appears to be in good

position and there is no evidence of loosening; status post anterior discectomy and interbody fusion L5-S1 level and there is solid osseous fusion seen anteriorly. The L5-S1 facet joints appear to be at least partially fused bilaterally. There is mild facet arthropathy at all levels. The study is limited by the absence of myelographic contrast material. An MRI of the lumbar spine dated July 2, 2015 (report present in the medical record) impression; artificial disc replacement at the L4-5 level; mild facet arthropathy. Status post anterior discectomy and interbody fusion at the L5-S1 level; the facet joints may be partially fused at this level as well; there is disc desiccation and mild facet arthropathy at the L1-2, L2-3, and L3-4 levels. According to utilization review dated August 28, 2015, the request for Post-operative Aquatic Therapy (3) times a week for (6) weeks (18) is non-certified.

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

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

**Postoperative Aquatic therapy of the lumbar spine 3 times per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents with low back pain radiating to the right foot. The current request is for Post-op Aquatic Therapy of the Lumbar Spine 3 times per week for 6 weeks. The report making the request was not made available. The patient is status post lumbar surgery from 04/2014. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. Medical records do not show any aquatic or physical therapy reports. The patient's surgery is from 04/2014 and post-surgical guidelines do not apply. The documents show that the patient is neither obese nor having weight bearing issues. There is no indication that the patient cannot tolerate land-based therapy. In this case, the patient does not meet the criteria based on the MTUS Guidelines for Aquatic Therapy. Furthermore, the requested 18 sessions exceed guidelines. The current request is not medically necessary.