

Case Number:	CM15-0205338		
Date Assigned:	10/22/2015	Date of Injury:	05/07/2013
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 56 year old female, who sustained cumulative industrial trauma injuries from 08-21-2012-05-07-2013. A review of the medical records indicates that the worker is undergoing treatment for status post anterior lumbar fusion L4-L5, L5-S1-posterior lumbar fusion L4-L5 and L5-S1 and severe subsidence of the L4-L5 and L5-S1 interbody devices. The injured worker underwent anterior lumbar interbody fusion of L4, L5 and S1 with cage placement on 06-23-2015. A consultation on 06-23-2015 noted that the injured worker's post-operative pain was 2-8 out of 10. The plan of care included pain medication and the physician noted that "we will adjust therapy as the patient's status dictates." Subjective complaints (07-29-2015) included progressive worsening of low back and left lower extremity pain. Objective findings (07-29-2015) included superficial erythema and skin irritation along the anterior incision and burning dysesthesias in the left foot. X-rays were noted to show collapse of the L5 vertebrae with subsidence of the L4-L5 and L5-S1 interbody device with disengagement of the anterior plate at L4 by approximately 1 cm anteriorly and abutment and contact between the plate at L4 on L5. The physician noted concern about subsidence and anterior disengagement and noted that a CT angiogram-venogram was being requested and that he wanted to hold off on physical therapy for the time being. The injured worker was seen in follow-up on 08-17-2015. The worker was noted to be in the same general state of health and no subjective complaints were listed. The objective examination was noted to be unchanged and no findings were documented. The physician noted that x-rays demonstrated no interval change and no further collapse or displacement of hardware. Treatment has included opioid pain medication and

bracing. A utilization review dated 09-30-2015 non-certified a request for aquatic therapy times 6 weeks. There was no rationale for the request provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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: Based on the 8/11/15 progress report provided by the treating physician, this patient presents with worsening left lower extremity pain. The treater has asked for Aquatic therapy times 6 weeks but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p anterior lumbar fusion at L4-5, L5-S1/posterior lumbar fusion L4-5, L5-S1 from 6/23/15, as well as severe subsidence of the L4-5 and L5-S1 interbody devices possible AVN L5 per 8/11/15 report. X-rays show collapse of the L5 vertebrae with subsidence of the L4-5 and L5-S1 interbody device. The anterior plate at L4 as [is] disengaged by approximately 1cm anteriorly, per 8/11/15 report. The patient has had her Aspen LSO changed into a rigid clamshell LSO per 8/11/15 report. The treater is holding off on physical therapy, and will see the patient every 1-2 weeks until the fusion has healed per 8/11/15 report. The patient is having low-grade fevers and urinary urgency per 7/1/15 report. The patient is to remain off work until the next appointment per 8/11/15 report. MTUS Guidelines, Aquatic therapy section, page 22 states: Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine. MTUS Postsurgical Guidelines, Low Back section, page 25, 25 states: Postsurgical treatment (fusion): 34 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The patient is s/p anterior posterior spinal fusion L4-5, L5-S1 from 6/23/15, and review of the reports show the patient is yet to begin postsurgical therapy. There is no documentation of how the patient is ambulating post-operatively, but the most recent physical exam shows burning dysesthesias in her left foot per 8/11/15 report. Utilization review letter dated 9/30/15 denies request due to lack of documentation that the patient is unable to attend land-based physical therapy, as well as lack of specificity regarding number of sessions of therapy requested. In regard to the request for aquatic therapy for the management of this patient's lower back pain, there is severe subsidence of interbody devices from the fusion along with worsening left lower extremity pain. Although the number of sessions was not included, the request for "6 weeks" of therapy appears reasonable considering the patient has not yet begun postoperative therapy and 34 visits are indicated per MTUS guidelines for lumbar fusion. Given the patient's recent lumbar surgery, radiographic evidence of subsidence, and recent worsening left lower extremity pain, the requested course of aqua therapy is in accordance with MTUS guidelines. Therefore, the request is medically necessary.

