

<b>Case Number:</b>	CM15-0221131		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 is a 57-year-old male who sustained a work-related injury on 2-17-06. Medical record documentation on 9-22-15 revealed the injured worker was being treated for status post posterior lumbar revision interlaminar laminotomy at L3-L4 on 10-23-14 with residual, lumbar spine myofascial pain syndrome, L3-L4 left lateral disc protrusion with severe neural foraminal stenosis and left lower extremity radiculopathy at L3-4. The injured worker reported constant, severe, sharp low back pain which he rated an 8 on a 10-point scale (8-9 on 9-2-15). He noted radiation of pain to the left lower extremity with an associated burning sensation. He was attending aquatic therapy treatment two times per week which provided him with significant help. Objective findings included a slow guarded ambulation with use of a single point cane. He had difficulty rising from a seated position and had a limited lumbar spine range of motion. His straight leg raise test was positive on the left and he had weakness and sensory deficit noted in the left lower extremity. His medications included Norco, Cymbalta, Flexeril and Omeprazole (7-8-15) which he reported helped with 50% pain relief. Documentation revealed he had an initial physical therapy evaluation on 3-19-15 and documentation on 5-5-15 indicated the injured worker had completed two sessions of aquatic therapy. An aquatic therapy session on 8-12-15 for the lumbar spine revealed the injured worker had lumbar flexion of 40 degrees (previously 44 degrees), lumbar extension to 23 degrees (previously 17 degrees), lumbar left side bending to 17 degrees (no change from previous) and lumbar right side bending to 20 degrees (previous 15 degrees). He had positive bilateral straight leg raise (positive bilaterally at the previous visit) and his walking, sitting and standing function remained unchanged from his previous visit. A request for post-operative aqua-therapy three times a week for four weeks for a total of 12 sessions was received on 10-16-15. On 10-22-15, the Utilization Review physician determined post-operative aqua-therapy three times a week for four weeks for a total of 12 sessions was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative aqua therapy 3 times a week for 4 weeks, total 12 sessions:** Upheld

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

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

**Decision rationale:** This 57 year old male has complained of low back pain since date of injury 2/17/2006. He has been treated with surgery, medications and physical therapy to include 24 sessions of physical therapy and 32 sessions of aqua therapy. The current request is for post operative aqua therapy 3 times a week for 4 weeks, total 12 sessions. Per the MTUS guidelines cited above in the section Physical Medicine/therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits are indicated for a diagnosis of pain due to neuralgia, neuritis and/or radiculitis. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the MTUS guidelines cited above, post operative aqua therapy 3 times a week for 4 weeks, total 12 sessions is not medically necessary.