

<b>Case Number:</b>	CM15-0052912		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/05/1997
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Pain Management

### 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 54-year-old female, who sustained an industrial injury on 3/5/97. She reported initial complaints of cervical and carpal tunnel syndrome. The injured worker was diagnosed as having post laminectomy syndrome lumbar region. Treatment to date has included cervical epidural steroid injections and trigger point injections (12/2014); cervical spine MRI; status post L4-L5 lateral lumbar interbody fusion with a revision L5-S1 posterior fusion (1/2014). Currently, per the PR-2 notes dated 3/24/15, the injured worker complains of left sided buttock pain and posterior leg pain. The provider has requested the twelve aquatic therapy two times six for the lumbar for the submitted diagnosis of the post laminectomy syndrome lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve aquatic therapy two times six for the lumbar for the submitted diagnosis of the post laminectomy syndrome lumbar region as an outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Low Back Chapter, PT.

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has been identified in this case. Although specific BMI is not listed, the requesting provider has declared the patient is moderately obese and did not progress as anticipated at this juncture following lumbar fusion. In fact, the patient is now over 1 year from surgery. The guidelines for aqua therapy state that the duration should follow guidelines for land based PT. The ODG allows for "Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks." Therefore, this request 12 sessions is medically necessary, and there is no documentation that the patient has already had prior sessions of aqua therapy.