

<b>Case Number:</b>	CM15-0062688		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 37-year-old male, with a reported date of injury of 11/09/2011. The diagnoses include lumbar radiculopathy, status post thoracolumbar fusion with scoliotic deformity, healed compression fracture, bilateral lower extremity radiculopathy with moderate central canal stenosis at L4-5, and status post lumbar decompression. Treatments to date have included lumbar spine surgery, a computerized tomography (CT) scan of the lumbar spine, Ibuprofen, aqua therapy, home exercise program, and physical therapy. The progress report dated 02/20/2015 indicates that the injured worker complained of intermittent low back pain with radiation to the left buttock. She also had some residual stiffness in the low back area. The physical examination showed intact gross neurological examinations, diffuse tenderness to palpation over the incisional area, thoracolumbar area, and lumbosacral area. The treating physician requested physical therapy and aqua therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times a week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are that of post-thoracolumbar fusion with scoliotic deformity; lumbar radiculopathy; healed compression fractures at L-1 with left side L4 - L5, L3 - L4 and L2 - 03 lateral recess and foraminal stenosis with traversing exit nerve roots; bilateral lower extremity radiculopathy; status post L4 - L5 decompression on August 27, 2014, doing well; status post interlaminar laminotomy with residuals; and status post myoligamentous sprain/strain of the thoracolumbar spine. The injured worker underwent L4 - L5 decompression on August 27, 2014. The case manager indicated 24 aquatic therapy sessions were authorized. Each worker completed 15 and had an additional nine aquatic therapy sessions left. A progress note dated February 20, 2015 shows the injured worker has low back pain that radiates to the left buttock. The treating physician requested additional physical therapy and aquatic therapy. Aquatic therapy is an alternative to land-based therapy. There is no documentation with objective functional improvement as a result of the 15 prior aquatic therapy sessions rendered the injured worker. There are nine outstanding aquatic therapy sessions remaining. Consequently, absent clinical documentation with objective functional improvement reflecting the 15 prior aquatic therapy sessions (an alternative to land-based physical therapy), physical therapy lumbar spine two times per week times four weeks is not medically necessary.

**Aquatic therapy for the lumbar spine, 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times four weeks is not medically necessary. Aquatic therapy is recommended 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. Unsupervised pool use is not aquatic therapy. In this

case, the injured worker's working diagnoses are that of post-thoracolumbar fusion with scoliotic deformity; lumbar radiculopathy; healed compression fractures at L-1 with left side L4 - L5, L3 - L4 and L2 - 03 lateral recess and foraminal stenosis with traversing exit nerve roots; bilateral lower extremity radiculopathy; status post L4 - L5 decompression on August 27, 2014, doing well; status post interlaminar laminotomy with residuals; and status post myoligamentous sprain/strain of the thoracolumbar spine. The injured worker underwent L4 - L5 decompression on August 27, 2014. The case manager indicated 24 aquatic therapy sessions were authorized. Each worker completed 15 and had an additional nine aquatic therapy sessions left. A progress note dated February 20, 2015 shows the injured worker has low back pain that radiates to the left buttock. The treating physician requested additional physical therapy and aquatic therapy. Aquatic therapy is an alternative to land-based therapy. There is no documentation with objective functional improvement as a result of the 15 prior aquatic therapy sessions rendered the injured worker. There are 9 outstanding aquatic therapy sessions remaining. Consequently, absent clinical documentation reflecting the 15 prior aquatic therapy sessions and nine outstanding aquatic therapy sessions remaining, additional aquatic therapy two times per week times four weeks is not medically necessary.