MAXIMUS Federal Services

| Case Number: | CM14-0124769 | | |
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| Date Assigned: | 08/08/2014 | Date of Injury: | 05/26/2009 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

## 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 48-year-old male service technician who sustained a vocational injury on 05/26/09 in the process of turning on a fountain. The claimant underwent a posterior lumbar interbody fusion at the L5-S1 level on 04/05/14. The most recent office note available for review from 07/07/14 noted that the claimant was three months status post lumbar surgery and doing reasonably well. On exam he had spasm, tightness, tenderness and some limited range of motion. He also noted pain and discomfort in the paracervical region. He had no appreciation of sciatica and bending rotation at 15 degrees or flexion at 10 degrees. He was given a diagnosis of status post lumbar surgery three months out and status post cervical surgery nearly a year out. In the plan, it was noted that he was to continue water therapy and then switch to land based therapy in approximately one month. He was given medications of Norflex, Vicodin, and Terocin lotion for pain control. The current request is for eight aquatic therapy sessions for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Aquatic Therapy Sessions for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22,Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS ACOEM Chronic Pain Medical Treatment Guidelines and Postsurgical Treatment Guidelines have been referenced. California MTUS ACOEM note that aquatic therapy can be recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy. The quantity of aquatic therapy visits recommended is equal to that of the land based physical therapy visits that are recommended per California MTUS Postsurgical Treatment Guidelines. Currently, California Postsurgical Treatment Guidelines support 34 visits over 16 weeks following lumbar spine fusion for a period of six months following surgical intervention. California Postsurgical Treatment Guidelines note that only with documentation of functional improvement, subsequent courses of therapy should be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Currently, the documentation presented for review fails to establish the quantity of aquatic therapy and/or land based therapy that the claimant has attended to date. In addition, there is a lack of documentation suggesting the patient has had quantifiable and qualitative functional improvement with reduction of subjective complaints and increase in overall function. Subsequently due to the fact that the quantity of total therapy, including aquatic therapy as well as land based therapy, is not available for review and there continues to be a lack of documentation of functional improvement from previous land and aquatic based therapy sessions. Therefore, the request for eight (8) aquatic therapy sessions for the lumbar spine is not medically necessary and appropriate.