

<b>Case Number:</b>	CM15-0175111		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Massachusetts

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 62 year old female, who sustained an industrial injury on 11-27-2006. The injured worker was diagnosed as having lumbar stenosis. The request for authorization is for: aqua therapy for the lumbar spine and a support brace. The UR dated 8-7-2015: non-certified the request for aqua therapy for the lumbar spine and support brace. On 4-28-2015, she reported feeling bad and having a pressure type pain in her trunk area. She rated the pain 4-8 out of 10 and indicated she had some numbness around her waist area. She is noted to have been weaned down to 5mg of Vicodin taken 3 times daily and Neurontin 300mg twice daily. She is seen using a 4 pronged cane and reported only using the assistive device when she is out of her home. She is also seen wearing a brace and reported using a bone stimulator. Objective examination findings are not documented on this report. On 6-30-2015, she is reported to have been last seen on 4-28-2015. She reported she was uncomfortable and tired. She indicated she was taking Vicodin, Neurontin, and Mobic. She is seen wearing a brace and indicated she was using a "bone stimulator for 30 minutes a day", and doing daily walks. She reported being medically retired. A review of systems noted "she states she has no new medical problems. However, she does feel as though she is getting a little depressed. It is taking her longer than she thought to actually feel like her old self again". There are no objective findings documented in this report. The provider noted another physician would like for her to start physical therapy and felt it best for her to do pool therapy. She is noted to have been discontinued on her hard brace. The treatment and diagnostic testing to date has included: lumbar surgery (2-2-2015), medications, lumbar spine x-rays (6-30-2015), lumbar bracing, bone stimulator, and thoracolumbar x-rays (4-28-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2006 and underwent a multilevel revision lumbar spine fusion in February 2015. When seen, she was having some good and some bad days. She was taking Norco approximately 3 times per day. She was trying to stay active. The claimant's BMI is over 35. Postoperative physical therapy is documented with 12 sessions beginning on 02/06/15. Authorization for up to 24 aquatic therapy treatments and a lumbar support are being requested. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had a partial course of physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Although the claimant is noted to be obese and a trial of pool therapy would likely be appropriate, the number of additional visits requested is in excess of that recommended. The request is not medically necessary.

**Support brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2006 and underwent a multilevel revision lumbar spine fusion in February 2015. When seen, she was having some good and some bad days. She was taking Norco approximately 3 times per day. She was trying to stay active. The claimant's BMI is over 35. Postoperative physical therapy is documented with 12 sessions beginning on 02/06/15. Authorization for up to 24 aquatic therapy treatments and a lumbar support are being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, the claimant was less than 6 months status post multilevel fusion and within the physical medicine treatment period after her surgery. The requested lumbar support can be accepted as being medically necessary.