

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0145236 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 10/11/2010 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 37-year-old female who was injured on 10/11/2010 at her place of employment. She fell onto her buttock and right hand after her chair slipped and rolled backwards, resulting in right hand, low back, and left hip pain. She complains of right wrist pain, lower pain radiating to both legs, and numbness and tingling of her legs and feet. On exam, she had a tender lower back with decreased range of motion but no motor or sensory deficits. She was diagnosed with degenerative disc disease of the lumbar spine, lumbar sprain, left hip sprain and sacroilitis, and right wrist sprain with dorsal radial ganglion cyst. Multiple lumbar MRIs showed lumbar disc bulges, degenerative disc disease, and hypertrophic facet changes. In 1/2014, she had an anterior-posterior lumbar fusion at L5-S1 with posterior instrumentation. Her medications have included MS Contin, Norco, Valium, Soma, Lyrica and Tizanidine. The patient had with aquatic therapy for her lumbar spine and the current request is for eight additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Sessions of Post-operative Aquatic Therapy for the Lumbar Spine, Twice a week for four weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** According to MTUS guidelines, the request for more aquatic therapy is medically unnecessary. There is no documentation as to the improvement in pain and function after the first set of 12 therapy sessions. After three sessions, the patient had a documented worsening of muscle spasms. There was no documentation regarding fading of treatment frequency and initiation of a home exercise program to continue after physical therapy. The post-operative therapy sessions recommended after a lumbar fusion is 34 visits over 16 weeks with the treatment period lasting a maximum of six months. The surgery occurred in 1/2014, so the timing of the request occurred out of the acceptable post-operative time period. The rationale for an additional eight aquatic therapy sessions was not documented. Therefore, the request is not medically necessary.