

Case Number:	CM13-0006257		
Date Assigned:	08/26/2013	Date of Injury:	03/05/2012
Decision Date:	12/23/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/02/2013

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 Internal Medicine and is licensed to practice in 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 claimant is a 54 year old male who sustained an industrial injury 03/05/2012. The mechanism of injury occurred when he injured his lower back stepping up with the right leg entering a truck. His diagnosis is low back pain, spinal stenosis, post-laminectomy syndrome-thoracic, and post-laminectomy syndrome- lumbar. He continues to complain of low back pain with stiffness. On physical exam there is tenderness to palpation in the lumbar area especially in the right side of the spine. He is able to flex to within about 2 feet of the ground. He is able to extend only 10 degrees past neutral with some discomfort. He has normal strength and sensation bilaterally. He is able to heel and toe stand. Treatment has included medication, surgery, and physical therapy. The treating provider has requested aquatic therapy three (3) times a week for four (4) weeks for the lumbar spine, bilateral, NCV of the bilateral lower extremities, EMG of the bilateral lower extremities, MRI of the lower spine, medication consultation, functional capacity evaluation (FCE), and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy three (3) times a week for four (4) weeks for the lumbar spine, bilateral:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: Per California MTUS Guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The patient has completed previous physical therapy sessions and there is no documentation indicating he cannot participate in a home exercise program. There is no specific indication for aqua therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV Testing 2010

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of radiculopathy. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the bilateral lower extremities. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV Testing 2010.

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and

muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of radiculopathy. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the bilateral lower extremities. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

MRI of the lower spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

Decision rationale: There is no documentation of any significant change in the patient's complaints or exam. He is maintained on medical therapy and there have been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, and bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Medication consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127

Decision rationale: Per Occupational Medicine Practice Guidelines, a health provider may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. In this case there is no specific indication for a specialist to serve as a medication consultant. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition Chapter 7, Independent Medical Examinations and Consultations; and on the Non-MTUS Official Disability Guidelines (ODG),

Treatment in Workers' Comp, 7th edition, Fitness for Duty Chapter, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 125-126.

Decision rationale: There is no documentation provided necessitating a FCE. There is no documentation of any specific new objective findings suggesting current function or dysfunction. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances that provide an indication of that individual's abilities. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. Medical necessity for the requested service has not been determined. The requested service is not medically necessary.

Sleep study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Study

Decision rationale: Per the reviewed guidelines, a sleep study is medically necessary for the diagnosis of suspected obstructive sleep apnea (OSA) in an adult (age 18 or older) when BOTH of the following criteria are met :evidence of daytime sleepiness (e.g., excessive sleepiness not explained by other factors, non- refreshing sleep, sleep fragmentation) ANY of the following additional symptoms or risk factors of OSA: witnessed apneas gasping or choking at night disruptive snoring increased neck circumference (i.e., > 17 inches in men, > 16 inches in women) obesity (i.e., body mass index 30). Medical necessity for the requested item has not been established. The requested item is not medically necessary.