

Case Number:	CM13-0027268		
Date Assigned:	09/08/2014	Date of Injury:	09/06/2009
Decision Date:	09/30/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational and Environmental Medicine and is licensed to practice in Colorado. 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:

On 9/6/2009 this 50-year-old worker was injured on the job. The available records document that as of 1/23/2013 the injured worker complained of pain in the neck, upper back, low back, right shoulder, left shoulder, right elbow, left elbow, right wrist, left wrist, right hip, left hip, right knee, left knee with radiation of neck pain to both shoulders and radiation of low back pain to both thighs. Pain rated at 4/10. Examination findings include positive foraminal compression test bilaterally indicating symptomatic narrowing of the intro acute pleural foramina as well as positive bilateral Kemps test indicating lumbar facet irritation. As of 2/27/2013 the workers symptomatic complaints at each anatomical region persisted with documented improvement and statements that aqua therapy and physical therapy help pain a lot. Lower back complaints improved 25 to 50% to the aqua therapy. Neck complaints improved 25 to 50% due to physical therapy. On 1/16/2013 a utilization review certified 12 weeks of physical and aqua therapy between 10/11/2011 and 3/2/2013. Also certified to be one cervical and one lumbar epidural injection. On 3/7/2013 a utilization review certified 12 physical modalities two times per week for 6 weeks to include both physical and aqua therapy between 1/23/2013 and 4/21/2013. Also certified was a lumbar epidural steroid injection. On 3/27/2013 utilization review did not certify 12 aqua therapy sessions between 1/23/2013 and 4/21/2013. On 4/8/2013 there are diagnoses of cervical spine disk bulges, thoracic spine strain, lumbar spine disk bulges, right shoulder strain, left shoulder strain, right elbow strain, left elbow strain, right wrist/hand strain, left wrist/hand strain, right hip strain, left hip strain, right knee strain, left knee strain, right ankle/foot strain, left ankle/foot strain. There is a summary of numerous previous consultations including neurologist on 3/25/2011 and psychology with ongoing treatment every 6 weeks. On April 17, 2013 there is documentation of continued complaints of intermittent neck pain, improvement of the intermittent radiation of pain from the neck and the shoulders and down the arms, improved

radiation of pain to the shoulders, intermittent tension in the upper and mid back, considerably improved low back pain, intermittent dull aching pain in the bilateral hips greater on the left, sharp pain in both knees which comes and goes greater on the right side. Impressions include cervical strain with left-sided radiculitis, multi-level cervical disk protrusion with lateral encroachment on the left, bilateral shoulder tendinitis, bilateral elbow epicondylitis, flexor tendinitis bilateral, right carpal tunnel syndrome, lumbar strain with left-sided radiculitis, multilevel disk protrusions at L3-4 and L4-5, posttraumatic capsulitis of bilateral knees, bilateral hip bursitis, bilateral plantar fasciitis. There were recommendations for the following: repeat cervical MRI, repeat upper extremity Electrodiagnostic study, consideration for cervical epidural injections, repeat lumbar MRI scan, and repeat lower extremity Electrodiagnostic study. No additional therapeutic modalities for surgery for the shoulders, elbows, hips, and knees were recommended. On 5/2/13 there is a statement that the aquatic therapy helped a lot. As a 5/13/2013 there is documentation of continued pain in the neck, upper back, lower back, right wrist, and right ankle. There was a positive straight leg raise bilaterally. On 5/21/13 there is Electrodiagnostic study with evidence of mild left ulnar mononeuropathy at the elbow and no evidence of upper extremity radiculopathy or plexopathy. On May 27, 2013 there is a utilization review that did not certify 12 aqua therapy sessions between 5/13/2013 and 7/7/2013. On June 3, 2013 there is a utilization review which does not certify aqua therapy between 4/8/2013 and 7/13/2013. Additional physical therapy is recommended for 12 sessions. On June 28, 2013 there is an interpretation of the cervical MRI showing one to 2-mm diffuse bulging at C4-5 without central canal compression or stenosis with mild narrowing of the bilateral foramina. At C5-6 there is a two to 3-mm diffuse posterior disk bulge indenting the anterior CSF space without significant central stenosis or cord compression. There was severe left neuroforaminal stenosis and a normal right neuroforaminal patency. At C6-C7 there is a two to 3-mm disk bulge posteriorly without central canal stenosis or compression with severe left and mild right neuroforaminal stenosis. The interpretation of the lumbar MRI scan was that at L3-4 there was two to 3 mm retrolisthesis with 3 mm posterior bulging with moderate central spinal canal and right anterior neuroforaminal stenosis. There was mild left foraminal stenosis. At L4-5 there is a two to 3-mm diffuse posterior bulge with mild left neuroforaminal stenosis and patent right neuroforaminal. At L5-S1 there was a 4-5mm right paracentral disk bulge compressing the right S1 nerve root resulting also with comments of right moderate neuroforaminal stenosis. There is mild central canal stenosis. There are unremarkable facet joints. There is mild left foraminal stenosis. There was a recommendation for a series of two to 3 cervical epidural steroid injections as well as lumbar epidural steroid injections. On July 15, 2013 there is documentation of resolution of symptoms in the following regions: Right shoulder, left shoulder, right elbow, left elbow, left wrist and hand, right hip, left hip, right knee, left knee, left ankle and foot. There is documentation of headache and use of pain medications, type not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUA THERAPY SESSIONS 2 X 6 BETWEEN 7/15/2013 AND 10/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 22, 99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines of the MTUS, page 22, aquatic therapy is recommended as an alternative to land based physical therapy to minimize the effects of gravity (i.e. recommended when reduced weight bearing is necessary). The clinical information received does not document a clinical indication for reduced weight-bearing rehabilitation. The MTUS guidelines for aquatic therapy also references page 98, physical medicine, of the MTUS regarding frequency and duration of treatment. For myalgia and myositis the guidelines recommend 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis the guidelines recommend 8 to 10 visits over 4 weeks. There is a general recommendation to fade treatment frequency from 3 visits per week down to one or less with shifting toward a self-directed home exercise program. The worker's symptomology of back pain with lower extremity pain radiation are consistent with myalgia and radiculitis. The medical records provide minimal changes in symptom descriptions and examination findings over time. There is no documented trend of improvements in symptomology or functional improvement secondary to treatment with aqua therapy. The request for 12 aqua therapy treatments does not meet the specific clinical indications as provided by the MTUS and is not considered medically necessary or appropriate because this request exceeds the MTUS criteria for the number of recommended treatment sessions (i.e. either radiculitis or myositis) or the duration of treatment. In addition, there is no evidence of the fading of treatment frequency with a shift toward active self-directed home program. Also, there is no documented trend toward symptomatic or functional recovery. Therefore, 12 Aqua Therapy Sessions 2 X 6 between 7/15/2013 AND 10/3/2013 is not medically necessary.

1 PAIN MEDICINE CONSULT BETWEEN 7/15/2013 AND 10/3/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN DISCUSSION Page(s): 4.

Decision rationale: Page 4 of the chronic pain medical treatment guidelines provides rationale for a pain specialist consultation via its qualification of chronic pain. The MTUS states that there is a clinical decision to recognize the chronicity or persistence of pain when 1. The condition is not improving over time, 2. Fails to improve with treatment directed to the specific injured body part, or 3. In the absence of a specifically correctable anatomic lesion. Also, as provided by ACOEM, chronic pain may be best characterized as "chronic pain persists beyond the usual course of healing of an acute disease or beyond a reasonable time for an injury to heal." The medical records reflect that the worker's symptoms do include complaints of pain which may or may not, correlate to examination findings that are persistent despite treatment. There is documentation of the use of pain medications although not the type, frequency, and efficacy is not described. In addition, the available records do not specifically document that a comprehensive evaluation from a pain medicine specialist has occurred prior to this request and if it has, it is not documented to have occurred within the time frame of the records provided for

review and thus, would not be considered contemporaneous. This documentation appears consistent with the MTUS guidelines for pain medicine consultation. The request for one pain medicine consult is medically necessary and appropriate.

1 NEUROLOGY FOLLOW UP BETWEEN 7/15/2013 AND 10/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOSLIN DIABETES CENTER AND JOSLIN CLINIC GUIDELINE FOR SPECIALTY CONSULTATION/REFERRAL 07/29/13 [http://www.joslin.org/Referral_Guidelines_8_6_13\(1\).pdf](http://www.joslin.org/Referral_Guidelines_8_6_13(1).pdf).

Decision rationale: There is no Electrodiagnostic evidence of upper extremity radiculopathy or plexopathy. There are no specific MTUS criteria regarding neurology consultation. An alternate guidelines source is utilized. Specific indications for neurological consultation, per the guideline listed above, are: Rapidly progressing neuropathy. Severe painful neuropathy non-responsive to first-line therapy. Severe autonomic neuropathy including: Cardiovascular, including orthostatic hypotension. Gastrointestinal, including gastroparesis and other bowel motility disorders bladder motility disturbance; erectile dysfunction; pseudomotor (gustatory hyperhidrosis) Sub-acute/chronic weakness indicative of neuropathy. There are no subjective complaints or objective findings satisfying any of these listed criteria and therefore, the request for a neurologic consultation is not medically necessary or appropriate.