

Case Number:	CM13-0035136		
Date Assigned:	12/13/2013	Date of Injury:	02/24/2012
Decision Date:	02/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 patient is a 65-year-old with a date of injury of 2/24/12. The patient underwent a L4-L5 discectomy in 1975 and L4-5 fusion on 1/28/10. The patient's diagnoses include myoligamentous sprain/strain and possible recurrent herniated nucleus pulposus (HNP). The patient is on topical creams, Hydrocodone, Zantac, and hypertension and high cholesterol medications. A report dated 10/9/13 describes the patient with limited range of motion and tenderness, as well as low back pain (LBP) with radicular symptoms. On 9/13/13 the patient had antalgic gait, 75% squat due to lumbosacral pain, intermittent mild LBP radiating into legs, and numbness on both sets of toes. The patient has had two lumbar epidural steroid injections (ESIs) that provided relief for a week. The patient states that he developed radiating, burning pain down the right leg, associated with numbness in all the toes since February 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 05/10/2013, Indication for imaging - computed tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS states that unequivocal objective findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging. In this case, there is no neurologic evidence on exam other than weakness. There is no dermatomal pattern of decreased sensation. There is no medical reason for the CT of the spine, currently, as there is no impending surgery or procedure. Therefore, this request is not medically necessary or appropriate at this time.

Aquatic therapy, 2 times a week for 4 weeks: 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 Physical medicine and Aquatic therapy Page(s): 24, 118.

Decision rationale: MTUS states that aquatic therapy is recommended as an option to land-based physical therapy. There is a record of 9 physical therapy sessions in March of 2012. There is no documentation of the results. This patient has increased pain in his low back, and has limited range of motion. MTUS allows for 8-10 physical medicine sessions for radiculitis. In this case, the therapy would be appropriate.