

Case Number:	CM13-0050704		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2009
Decision Date:	04/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal 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:

This patient is an injured worker - with diagnoses of cervical and lumbosacral spine conditions, and multiple chronic musculoskeletal conditions. Date of injury is 09-06-2009. Agreed medical reevaluation (AME) dated April 17, 2013 by orthopedic surgeon [REDACTED] presented an evaluation of the injured worker. Subjective complaints: neck, back, limb pain, stress. Patient has received 6 weeks of aqua therapy. She received additional number of physical therapy visits. Objective: Weight 158 Pounds Height: 5'6" She has a normal gait and a normal posture. There is no torticollis of the neck. She is not using any braces or slings. Examination of the cervical spine shows there is moderate tenderness and spasm over the left trapezius and paracervical region. Right lateral bending produces guarding in that region. There is a negative foramina! compression test and a negative Spurling sign. Comprehensive motor examination of the upper extremities including the shoulder abductors, flexors and extensors, the wrist flexors and extensors, the forearm supinators and pronators, the finger extensors, flexors and intrinsic muscles shows 5+/5+ motor power bilaterally. Deep tendon reflexes 2+ upper extremities bilaterally. Comprehensive sensory examination of the upper extremities shows decreased pinprick sensation over the volar tip of the right index finger. Examination of the shoulders shows full painless range of motion. There are no signs of impingement. There is good strength of the abductors of the shoulders. Examination of the elbows shows full range of motion. There is a negative Tinel's sign over the medial epicondyles. There is no tenderness over the lateral epicondyles. Examination of the wrists shows a positive Tinel's sign over the right carpal tunnel and a negative Tinel's sign over the left carpal tunnel. There is decreased dull sensation over the volar tip of the right index finger. There is no intrinsic muscle atrophy. Examination of the thoracolumbar spine shows tenderness and spasm in the mid to lower lumbar region, extending to the left sacroiliac joint. Right lateral bending produces guarding in this region. The straight leg

raising sign is mildly positive on the left. Comprehensive motor examination of the lower extremities including extensor hallucis longus, anterior tibialis, gastroc, soleus, peroneus longus and brevis shows 5+/5+ motor power bilaterally. Deep tendon reflexes 2+ knee and ankle bilaterally. Comprehensive sensory examination of the lower extremities shows a normal dermatomal pattern to pinprick and deep touch. Examination of the knees shows she is able to do a deep knee bend. There is no deformity of the knees and there is no ligamentous laxity. There is a negative Lachman's test and negative McMurray sign. Examination of the feet shows some flattening of the arch, bilaterally with some tenderness over the plantar fascia. Diagnoses: Cervical strain with left-sided radiculitis; Multilevel cervical disc protrusion with left lateral encroachment, 4mm at C5-6 and 3mm at C6-7; Bilateral shoulder tendonitis; Bilateral elbow epicondylitis; Flexor tendonitis, bilateral wrists; Probable right carpal tunnel syndrome; Lumbar strain with left-sided radiculitis; Multilevel disc protrusions with neural foraminal encroachment, 5mm at L3-4 and 4mm at L5-S1; Post-traumatic capsulitis, both knees; Bilateral hip bursitis; Bilateral plantar fasciitis. Treatment plan: [REDACTED] reports that the patient continues to be symptomatic with complaints in multiple areas. From a clinical standpoint, patient continues to have findings consistent with a cervical radiculitis. [REDACTED] recommended an updated MRI study of the cervical spine as well as updated electrodiagnostic studies of the neck and upper extremities. There is evidence for a right carpal tunnel syndrome. Concerning her lumbar spine, patient continues to be symptomatic and does have continued findings, which would suggest the presence of a mild left-side

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve aqua therapy sessions, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aqua therapy is a form of physical therapy (PT). The patient weighed 158 pounds with height 5'6" and was not obese. Physical examination documented normal gait, normal posture, stable knee exam, normal lower extremity motor strength bilaterally. There were no specific indications for aquatic therapy. The Chronic Pain Medical Treatment Guidelines recommend 8-10 physical therapy (PT) visits over 4 weeks, for neuralgia, neuritis, and radiculitis. The AME (agreed medical reevaluation) report documented the completion of over 6 weeks of aqua and physical therapy in the past. The date of injury is 09-06-2009. Patient has already received a number of PT visits in excess of the Chronic Pain Medical Treatment Guidelines recommendations. Clinical guidelines and medical records do not support the medical necessity of Aqua therapy. The request for twelve aqua therapy sessions, twice per week for six weeks, is not medically necessary or appropriate.

One initial visit with a pain management specialist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: The Physician Reviewer's decision rationale: No section of the Medical Treatment Utilization Schedule (MTUS) was applicable and relevant. The American College of Occupational and Environmental Medicine (ACOEM) states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In the 06-28-13 AME report, orthopedic surgeon [REDACTED] recommended that the patient undergo a series of cervical epidural steroid injections, and lumbar epidural steroid injections. [REDACTED] stated that because of the severe findings on the left side in the cervical spine, patient may eventually become a candidate for cervical surgery. An MRI of cervical spine and lumbosacral spine reported degenerative intervertebral disc disorder and other spinal abnormalities. In addition, the patient has multiple chronic musculoskeletal conditions, which were still active. Psychosocial factors are present. This case is complex. The performance of epidural steroid injections requires a pain management specialist. Therefore, the medical records and clinical guidelines support the medical necessity of referral to pain management specialist. The request for one initial visit with a pain management specialist is medically necessary and appropriate.