

Case Number:	CM13-0055545		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2002
Decision Date:	04/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation 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 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 patient is a 50 year-old school nurse who sustained a low back injury on 4/23/02 while employed by the [REDACTED]. Requests under consideration include Aqua Therapy Pool based program on a daily basis x 2 years and Lumbar Discogram. MRI of the lumbar spine on 2/7/13 showed post-operative changes consistent with posterior fusion of L4-S1 with evidence of solid bony fusion; intact hardware with solid osseous integration; disc bulge at L3-4 mildly narrows bilateral recesses; with no significant canal stenosis or protrusion at L4-5 and L5-S1 (spine surgery in 2003). Requests above were non-certified on 11/5/13. Appeal letter from the provider dated 11/17/13 noted patient with lower back injury with leg weakness and numbness who underwent conservative therapy of lumbar epidural injections with subsequent spinal fusion on 12/15/03 with post-op left foot drop. It was advised for the patient to lose weight to assist in her chronic back pain at which time on 10/6/06, she underwent gastric bypass with 137 pound weight loss. She continues with ongoing constant severe lower back pain with radiation into the bilateral legs (left greater) with persistent left leg drop and back spasms. It was noted she probably developed carpal tunnel syndrome from use of wheelchair post surgery and is s/p CTR on 12/2/11. Exam showed patient in no acute distress; in wheelchair but was able to get up and out to walk around the examining room; extreme weakness in the left leg; not wearing any type of leg brace but indicated she has previously worn a long leg brace prior and shakes side to side; decreased motor strength of 1/5 tibialis anterior and extensor hallicus longus with decreased sensory of L4-S1 on left with positive SLR. Recommendations were again for aquatic therapy x 2 years and lumbar discogram which were non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY POOL BASED PROGRAM ON A DAILY BASIS X 2 YEARS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY, PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY, 98-99

Decision rationale: The patient had persistent constant severe low back radicular pain with spasm and weakness since surgery over 10 years ago. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of Physical Therapy (PT) and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2002 injury with last surgery in 2003. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased Range of Motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua Therapy Pool based program on a daily basis x 2 years is not medically necessary and appropriate.

DISCOGRAM LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: Per Guidelines for Lumbar Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The Lumbar Discogram is not medically necessary and appropriate.