

<b>Case Number:</b>	CM13-0060556		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Geriatrics, 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 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 injured worker is a 53-year-old man with a date of injury of 4/3/12. He was evaluated by his primary treating physician on 10/5/13 for complaints of low back pain rated 8/10. He has had multiple treatment modalities including medications, physical therapy, ice and heat, cortisone injections, electric stimulation as well as x-rays and an MRI (magnetic resonance imaging). On physical exam, he had an antalgic gait. He had a 2x2cm lipomatosis cyst on his back. He had tenderness to palpation around L4 and the paralumbar muscles. He had minimally reduced range of motion of his thoracolumbar spine. He had normal strength in his upper and lower extremities. EMG/NCV (Electromyography/Nerve conduction study) of his lower extremities were normal in 5/13. He was diagnosed with lumbar spine herniated nucleus pulposus, paralumbar bilateral 2 x 2 cm lipomaosis cysts, fatigue, GERD (Gastroesophageal reflux disease), and constipation. The treatment recommendations that are at issue in this review are physical therapy and aquatherapy, spine surgeon consultation and soft tissue sonogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbosacral spine:** Upheld

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

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

**Decision rationale:** Aquatherapy is in question for this injured worker for his chronic back pain. Per the MTUS, aquatic 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. In this case, the records do not justify why aquatherapy is indicated over a course of land based therapy which he has already completed and the aquatherapy is therefore not medically indicated.

**Soft tissue sonogram for the lumbosacral spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

**Decision rationale:** This injured worker was denied a request for soft tissue sonogram of the lumbosacral spine. His physical exam reveals normal strength and minimal reduction in range of motion. There are no red flag symptoms or signs which would be indications for immediate referral or further diagnostic testing. He has had other tests including normal EMG/NCV (Electromyography/Nerve conduction study) studies in 2013. It is not clear if the ultrasound is to examine the lipomatosis cysts or for therapeutic reasons due to his back pain. Per the MTUS, therapeutic ultrasound is not recommended. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The records do not document the medical necessity for the soft tissue sonogram of the lumbosacral spine

**General surgery consult for the lumbosacral spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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 (Revised 2007), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194 & 287-328.

**Decision rationale:** This injured worker was denied a request for a spine surgeon evaluation due to lipomatosis cysts on his back. His physical exam reveals normal strength and minimal reduction in range of motion. There are no red flag symptoms or signs which would be indications for immediate referral. He has had other tests including normal EMG/NCV (Electromyography/Nerve conduction study) studies in 2013. Per the MTUS, surgery is

considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine surgeon evaluation. The records do not indicate that the lipomatosis cysts are causing pain or functional impairment and the denial is appropriate. As such, the request is not certified.