

Case Number:	CM13-0061716		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2010
Decision Date:	03/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of 6/11/10. A utilization review determination dated 11/8/13 recommends non-certification of pool therapy 2 x 6 and CT scan for the lumbar spine. 10/3/13 progress report identifies neck and back pain and notes that the patient is having foot surgery on 10/22/13. The patient has had 2 injections from pain management and a spine surgeon is considering lumbar spine surgery and requested a CT. She is having episodes of depression. On exam, there is a mild antalgic gait with lumbar spine tenderness and a positive SLR. Right foot and ankle have ongoing tenderness. There is bilateral elbow tenderness and tenderness in the flexor aspect of the forearm. Bilateral wrist positive Tinel's and Phalen's testing is noted. There is positive head compression testing with tenderness and limited ROM (range of motion) of the cervical spine. Bilateral shoulders have tenderness and positive impingement. Treatment plan includes pain management consultation for possible ESI (epidural steroid injection). Pool therapy for the lumbar spine was requested as "the buoyancy factor, warm environment, and ability to perform therapy to a multiplicity of body parts in a single visit would be very helpful." There was also a recommendation for a CT scan of the lumbar spine per the spine specialist and medications. 8/21/13 initial orthopedic spine consultation report identifies that there is x-ray evidence of a spondylolisthesis of L5 on S1, but it is unclear whether it is mild isthmic versus degenerative in nature and a CT was recommended to delineate between the two since that distinction may potentially alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve pool therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for 12 pool therapy sessions for the lumbar spine, the Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity, and up to 10 sessions are supported. Within the documentation available for review, the provider notes that "the buoyancy factor, warm environment, and ability to perform therapy to a multiplicity of body parts in a single visit would be very helpful." However, the request is noted to be only for the low back, there is no clear reason identifying why the patient would be unable to participate in land-based therapy/exercise, and it appears that the patient is being worked up for lumbar spine surgery. Additionally, the proposed number of sessions exceeds the recommendations of the Chronic Pain Medical Treatment Guidelines and there is no provision for modification of the current request. The request for twelve pool therapy sessions for the lumbar spine is not medically necessary or appropriate.

A CT scan of the lumbar spine: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for CT scan of the lumbar spine, the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines notes that the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is documentation of a spondylolisthesis identified on x-ray, but the provider noted that he was unable to determine if it was isthmic versus degenerative in nature, and it was necessary to clarify the type of spondylolisthesis as it would have an effect on the appropriate treatment plan for the patient. The request for a CT scan of the lumbar spine is medically necessary and appropriate.