

<b>Case Number:</b>	CM13-0064017		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 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 47 year old male who was injured on 09/18/2008 when he hit his knee on his truck causing himself to fall and hit his back on brick wall. AME dated 05/14/2013 documented the patient indicated over the last two years he has had difficulty falling asleep and remaining asleep, He sleeps about four hours. He indicates that at night he seems to be more stiff and rigid and wakes up two times because of pain. He indicates that sometimes he will take a 10 minutes nap during the day, typically once a day. He states that he has fatigues and loss of energy and intermittent panic attacks. The patient weighs 270 pounds and is 5'11. Summation: The DSM-IV-TR criteria associated with depressive disorder are inclusive of any individual who presents with a change of previous functioning with at least one of the following symptoms, depressed mood or loss of interest in pleasure in activities. Where the evaluatee has endorsed both it is also associated with significant weight gain, insomnia, psychomotor agitation, fatigue and loss of energy and feelings of worthlessness, and diminished ability to think and concentrate. PR-2 dated 07/16/2013 documented the patient to have complaints of continued pain in the lower back. Pain is traveling to the legs in form of numbness and tingling. The pain is also present in the coccygeal region. Objective findings on exam revealed decreased mobility in the lumbar spine. There is tenderness to palpation in the lumbar paravertebral musculature. He still has an abnormal gait. PR-2 dated 12/11/2013 documented the patient to have complaints of bilateral hips, left knee and low back pain radiating to the left lower extremity. The patient is requesting medication through the office. He primarily complains of low back pain radiating to the lower extremity. There is increased pain with ambulation and he ambulates with a cane. He desires to undergo abdominal hernia consultation as well as consider low back surgery. He is advised to stop aquatic and rehabilitative therapy as it has been denied. He reports a pain level of 9/10 without medications. He denies nausea, constipation, vomiting, aberrant behavior. The

medications help in increasing his function in his activities of daily living such as walking and cleaning. Medications help decrease spasm and provide good relief from heartburn. He stopped all non-steroidal anti-inflammatory medications. Objective findings on exam reveal the patient ambulating with a cane. Examination of the lumbar spine reveals tenderness to palpation with moderate spasm over the paravertebral musculature, lumbosacral junction and bilateral sacroiliac joints. Straight leg raise is positive on the left lower extremity. Yeoman's test and Gaenslen's test are positive bilaterally, for increased pain in the sacroiliac joints. Range of motion of the lumbar spine is measured as follows: Flexion is 38 degrees, extension 12 degrees, right side bending 16 degrees and left side bending is 17 degrees. Sensation to pinprick and light touch in the left lower extremity is decreased over the L5 and S1 nerve root distribution.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 CT SCAN OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT (Computed Tomography).

**Decision rationale:** According to CA MTUS guidelines, CT scan is recommended for bony structures. According to ODG, CT scan is recommended for Lumbar spine trauma 'ie, lumbar spine fracture', thin-section CT examination with multiplanar reconstructed images may be recommended. The medical records document had complaint of low back pain with radiation to the left lower extremity. On examination, the patient had tenderness to palpation with moderate spasm of the paravertebral region there was decreased ROM decreased sensation to light touch over the L5 and S1 dermatoms. In the absence of documented recent injury that would indicate possibility of lumbar spine fracture and no recent X-Ray of Lumbar Spine that would support any anatomical change, the request for 1 Computerized Tomography (CT) Scan of the Lumbar Spine is not medically necessary.

#### **8 AQUATIC THERAPY SESSIONS: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines (May 2009), Aquatic Therapy (Including Swimming).

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

**Decision rationale:** According to the CA MTUS guidelines, 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. The medical records document the patient diagnosed with lumbar spine strain with radiculopathy, in the AME dated 5/14/2103 documented the patient gained 100 pound since his injury. This much weight gain is significant and in my opinion justification for aquatic therapy. Therefore, this request is medically necessary.

**1 SLEEP SPECIALIST REFERRAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 397.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations And Consultations, pages 506-509.

**Decision rationale:** According to the CA MTUS guidelines, Sleep Specialist referral is recommended: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records document in AME dated 5/14/2103 revealed the patient over the last two years had difficulty falling asleep and remaining asleep, the pain and stiffness kept the patient awake, and the patient indicating 10 minutes nap typically once per day. The patient complained of fatigue and loss of energy. In the presence of documented history and physical examination diagnosis, causation and impairment, the request is medically necessary.