

<b>Case Number:</b>	CM14-0015909		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 33-year-old male who has submitted a claim for bilateral tarsal tunnel syndrome, right more than the left, probable left lumbosacral radiculopathy, lumbosacral sprain, disc displacement, cervical sprain, disc displacement and right wrist pain, left shoulder sprain associated with an industrial injury date of March 10, 2010. Medical records from 2013-2014 were reviewed. The patient has persistent low back pain. The severity of pain is grade 6/10 and it radiates to the hips and on the right leg. Prolonged standing, sitting and walking for more than 20 minutes aggravate his symptoms. He also has difficulty with activities of daily living including dressing, washing, personal care, and sleeping. Physical examination showed diffuse tenderness over the lumbosacral region with hypertonicity in guarding of the lumbar paraspinals. There was limited range of motion of the lumbar spine on flexion and extension. Motor strength showed mild weakness at the left ankle dorsiflexors at 4/5. Sensation was intact. Imaging studies were not made available. The treatment to date has included medications, physical therapy, home exercise program, activity modification, and chiropractic therapy. Utilization review, dated January 28, 2014, denied the request for lumbar spine MRI because repeat MRI imaging without significant clinical deterioration in symptoms and/or signs is not recommended. The request for aquatic exercise program 2 times for 6 weeks was also denied because there was no documentation that the patient is unable to fully participate in land-based exercise or that his home exercise program has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE QTY: 1.00: 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): 303-304.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd edition (2004) referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, the patient has been complaining of persistent low back pain and claims he feels better following chiropractic treatment. Recent physical examination findings showed weakness at left ankle dorsiflexors. However, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Likewise, there was no documentation of the previous lumbar MRI done. There was no clear indication for a lumbar MRI at this time. Therefore, request for MRI of the lumbar spine qty: 1.00 is not medically necessary.

**AQUATIC EXERCISE PROGRAM QTY: 1.00: Upheld**

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

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

**Decision rationale:** As stated on page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the patient has not tried any aquatic exercise program. However, there is no documentation regarding body mass index that may warrant water-based therapy. Furthermore, there is no indication why the patient could not participate in a land-based physical therapy program at present. There is also no documentation stating the need for reduced weight bearing. In addition, the specific body part to be treated was not mentioned in the present request. Therefore, the request for aquatic exercise program qty: 1.00 is not medically necessary.