

Case Number:	CM14-0143157		
Date Assigned:	09/10/2014	Date of Injury:	11/06/2006
Decision Date:	11/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & 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 injured worker is a 63-year-old female who reported an injury on 11/06/2006; the mechanism of injury was not provided. On 03/12/2014, the injured worker presented with ongoing low back pain that has been improved since the last visit. The injured worker reported significant difficulties with activities of daily living and medication management. Upon examination, there was no evidence of an infection at the surgical site. The injured worker has a guarded gait and ambulates with the assistance of a cane. Palpation elicits tenderness and spasm over the paralumbar muscles bilaterally. Lumbar range of motion values were 35/60 degrees of flexion, 15/25 degrees of extension, 15/25 degrees of right lateral flexion, and 15/25 degrees of left lateral flexion. There is limited range of motion in all planes and increased pain noted upon flexion of the lumbosacral spine. Minor's sign present. 5/5 strength in the lower extremities with 2+ deep tendon reflexes in the patella bilaterally. The diagnoses were lumbar spine A-P fusion, status post lumbar spine fusion 07/17/2013, minimal disc bulge at L2-3, mild disc bulge at L3-4 with spondylosis, bilateral neural foraminal stenosis at L5-S1, status post lumbar spine revision surgery, and status post postoperative revision infection and scar formation of the abdominal incision site. Prior therapy included surgery and medications. The provider recommended aquatic therapy for the lumbar spine and a MRI of the cervical spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Aquatic Therapy 2 x 6 on the Lumbar: Upheld

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

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

Decision rationale: California MTUS recommends aquatic therapy as an optional form of exercise therapy as an alternate to land based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The guidelines recommend up to 10 visits of aquatic therapy for up to 4 weeks. There is a lack of documentation that the injured worker is specifically recommended for reduced weight bearing exercise. Additionally, there is a lack of documentation of the efficacy of the prior aquatic therapy sessions. The provider's request for aquatic therapy 2 times a week for 6 weeks exceeds the guideline recommendations. As such, medical necessity has not been established.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Guidelines state for most injured workers presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. There is a lack of documentation of the injured worker's failure to respond to a 3 to 4 week period of conservative care to include physical therapy and medications. Additionally, there is no emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. As such, medical necessity has not been established.