

Case Number:	CM14-0169429		
Date Assigned:	10/17/2014	Date of Injury:	06/04/2013
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 69 years old female with an injury date on 06/04/2013. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Degeneration of lumbar 2. Lumbar disc displacement. 3. lumbosacral neuritis 4. Low back pain According to this report, the patient presents with back pain "feeling okay," left ankle pain and left foot numbness. Pain is rated at 7/10. The patient is noted to "leans forward when walking, she is still using a back brace and walker." Physical exam reveals "straight leg examination is negative bilaterally, all lower extremity motor functions are 5/5 and all lower extremity sensory functions are normal." The 05/14/2014 report indicates the patient "continues to experience electric shock like sensation on her left lower extremity." There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3x4 for the lumbar spine: 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;Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with back pain "feeling okay," left ankle pain and left foot numbness. The treater is requesting 12 sessions of Aquatic therapy for the lumbar spine "to increase joint flexibility, increase muscle strength and improve balance." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgia and neuralgias. Review of the reports from 04/22/2014 to 09/03/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Given no recent therapy history, a short course of therapy may be reasonable to address flare-up or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS and there is no discussion as to why the patient cannot tolerate land-based therapy. Therefore, Aquatic Therapy 3x4 for the lumbar spine is not medically necessary.

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with back pain "feeling okay," left ankle pain and left foot numbness. The treater is requesting EMG of the lower left extremity "to rule out left L5 radiculopathy." Regarding Electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports does not show any evidence of EMG being done in the past. In this case, the treater has requested for an EMG of the left lower extremities and the guidelines support it. Therefore, EMG of the left lower extremity is medically necessary.

NCV of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with back pain "feeling okay," left ankle pain and left foot numbness. The 05/14/2014 report indicates the patient "continues to experience electric shock like sensation on her left lower extremity. "The treater is requesting NCV of the lower left extremity "to rule out left L5 radiculopathy." Regarding Electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. Review of reports does not show any evidence of NCV being done in the past. In this case, the patient's leg symptoms do not appear to be primarily radicular with foot and ankle pain that may be due to focal or peripheral neuropathy. Therefore, NCV of the left lower extremity is medically necessary.