MAXIMUS Federal Services

Case Number:	CM14-0181548		
Date Assigned:	11/06/2014	Date of Injury:	07/26/2004
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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 65-year-old male worker with multiple complaints including cervical and lumbar pain with radiation of pain to the left shoulder, arm forearm and hand with weakness in the left and right hands. The worker has a date of injury of 7/26/04. The worker subsequently underwent two arthroscopic surgical procedures on the left knee and in 2007 began developing right knee pain. The worker has received medications and intraarticular injections of both knees. The worker underwent right primary and revision total knee surgery in 2009 and 2010 respectively and while hospitalized after the second procedure, with worker while alone, stated that his right leg had no feeling and collapsed on him while he was standing. He fell to the floor and landed on his buttocks and noted immediate onset of neck and low back pain and increased pain in the right knee. The worker underwent left total knee surgery on 12/3/10. This was preceded by two knee surgeries in 2004 and 2005. The worker has ongoing pain in the sacrococcygeal region with inability to sit or stand for prolonged periods of time. On physical examination on 11/10/14, the worker has guarding of the cervical spine with limited ROM with 30 degrees of extension, flexion of 30 degrees, left and right lateral rotation of 60 degrees, right and left bending of 20 and 15 degrees respectively. There is palpable tenderness to the cervical paraspinals and upper trapezii muscles, left greater than right. There is decreased bulk of the muscles of the thenar eminence of both hands and significant wasting of the hypothenar muscles in the left hand. There is 4/5 weakness of the interossei muscles of the left and right hands, biceps and triceps and wrist extensor and flexor muscles of both upper extremities. There is decreased light touch and pinprick sensation in the ulnar nerve distribution of the left upper extremity. On examination of the lumbar spine, the worker has a reversal of the normal lumbar lordosis with decrease ROM and tenderness of the paraspinals from L1 - S1 with left SI joint tenderness and coccygeal tenderness to palpation. Bilateral lower extremity examination reveals

intact sensation to light touch and pinprick in both lower extremities and wasting of the quadriceps bilaterally. Alignment of the lower extremities reveals mild varus deformities of both knees with well-healed incisions anteriorly and peripatellar palpable tenderness without effusion. The worker did have an EMG dated 6/5/12, which revealed bilateral neuropathy at the cubital tunnel, worse on the left side, and sensory polyneuropathy. A CT scan of the cervical spine dated 6/8/12 revealed mild retrolisthesis of C3 with some narrowing of the central canal; moderately severe narrowing of the C3-4 disc with sclerotic bone and spur; moderate bony encroachment of the foramina bilaterally, as well as posterior central; C4-5 severe narrowing and reactive changes and spur, mild C4 retrolisthesis with significant bone encroachment bilaterally; C5-6 mild degenerative changes, moderate left foraminal encroachment by bony spur and slight T1 retrolisthesis. The claimant also has psychological diagnoses of anxiety disorder and pain disorder. A neurosurgical consultation was performed on 12/16/13 and the impression was: 1. Cervical myeloradiculopathy probably related to spondylosis; 2. Possible left ulnar neuropathy; 3. Possible left median neuropathy at the wrist; and 4. Probably some degree of diabetic neuropathy involving the feet. An x-ray of the lumbar spine revealed a Grade I anterior slip L5-S1, retrolisthesis L3 - L4, mild spurring, calcification of the descending aorta, and moderate narrowing L2-4 disc spaces. X-rays of the pelvis taken on 5/15/14 reveal the hip joints to be well-maintained, the SI joints are maintained and there is no evidence of new or old fracture. The treating physician is requesting aqua therapy with physical therapy treatments to eliminate pain in the cervical and lumbar spine areas and maintain spinal muscle function; and MRI of the sacrococcygeal area to rule out occult fracture; and surgery for cervical discectomy due to cervical radicular arm symptoms with neurologic deficits of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x 4 Bilateral Knees: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Aquatic Therapy

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) According to the ODG Knee Treatment 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, especially

deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. (Bartels-Cochrane, 2007) (Hinman, 2007) Results suggest that aquatic exercise does not worsen the joint condition or result in injury. Since aquatic therapy is optional, the requested aqua therapy 2 x 4 bilateral knee is not medically necessary.

Surgery for Cervical Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic, Discectomy/laminectomy/laminoplasty

Decision rationale: The CA MTUS does not have specific recommendations regarding indications for cervical nerve root decompression. The ODG recommendations for cervical nerve root decompression include: ODG Indications for Surgery; Discectomy/laminectomy (excluding fractures). Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree with the EMG requirement): A. There must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test.B. There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level. Note: Despite what the Washington State guidelines say, ODG recommends that EMG is optional if there is other evidence of motor deficit or reflex changes. EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms such as metabolic (diabetes/thyroid) or peripheral pathology (such as carpal tunnel). For more information, see EMG.C. An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75 percent pain relief for the duration of the local anesthetic.D. Etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures.E. There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care.Since there is no documentation in the medical records provided of at least a 6-8 week trial of conservative care and since the EMG of the upper extremities performed on 6/5/12 shows no evidence of cervical radiculopathy, the ODG indications for cervical decompression have not been met and the request for surgery for cervical discectomy is not medically necessary.

MRI Sacrococcygeal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Coccydynia

Decision rationale: The CA MTUS guidelines are silent in regard to coccydynia. According to the ACOEM V.3 Guidelines for coccydynia, X-rays of the sacrum and coccyx may be taken to reveal fractures, dislocations, or other spinal abnormalities, particularly if there is a history of recent trauma. Dynamic x-rays, in which the position of the coccyx is evaluated in sitting and standing positions, may reveal underlying instability. Magnetic resonance imaging (MRI) of the lumbar spine may be indicated if L5-S1 disc pathology is suspected. In this worker's case, there is a history of remote trauma with a fall on the buttocks after knee replacement surgery, but an x-ray of the pelvis taken on 5/15/14 showed no evidence of pelvic fracture or other abnormality. An MRI of the lumbar spine might be indicated if there is evidence of lumbar radiculopathy, but an MRI of the sacrococcygeal area is not medically necessary, according to the ACOEM V.3 criteria.