MAXIMUS Federal Services

Case Number:	CM14-0021554		
Date Assigned:	05/07/2014	Date of Injury:	08/16/2006
Decision Date:	07/21/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 50-year-old female who has submitted a claim for lumbar myofascial sprain/strain, lumbar spine herniated nucleus pulposus, lumbar disc disorder/myelopathy, hip arthralgia, and hip bursitis associated with an industrial injury date of August 16, 2006. Medical records from 2013 were reviewed. The patient complained of lower back pain. There was associated pain on the bilateral hips and thighs. There was tightness in her lower back radiating to the anterior hip. The pain was increased with prolonged sitting. There was also noted loss of sleep and occasional and more frequent numbness in her left thigh. She also complains of daytime sleepiness and not being rested to due frequent walking to relieve pain. Physical examination showed the patient on an antalgic gait. There was lumbar paravertebral and sacroiliac joint tenderness bilaterally. Lumbar range of motion was limited. Straight leg raise test was positive on the left. Motor strength was intact. There was diminished sensation on L4 and L5 distribution. X-ray of the lumbar spine revealed degenerative disc disease and osteoarthritis, stenosis at 4-L5 and L5-S1, and bilateral sacroiliac joint osteoarthritis. Treatment to date has included medications, home exercise program, and activity modification. Utilization review, dated January 21, 2014, denied the request for MRI lumbar spine because there was no evidence of failed treatment modalities. The request for aqua therapy x 18 was also denied because there was no objective physical problem described as being present that would indicate that the patient would not be able to cooperate with a land-based physical therapy program. Sleep study was denied because the time limits or intervention failures were not described from the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 18 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health and Human Services/Centers for Medicare and Medicaid Services coverage guidelines.

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

Decision rationale: As stated on pages 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, it was not known if the patient had undergone previous sessions of land-based or aquatic based therapy. Only one progress report was available from the medical records submitted. In addition, there is no documentation regarding body mass index that may warrant water-based therapy. There is also no documentation stating the need for reduced weight bearing. Therefore, the request for aqua therapy 18 sessions is not medically necessary.

MRI LUMBAR SPINE: 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 CA 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 addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the patient complains of low back pain with radiation to the thighs. Rationale for the request was not provided. Only one progress report was available from the medical records submitted. The documentation did not describe any significant worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a lumbar MRI at this time. Therefore, request for MRI of lumbar spine is not medically necessary.

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

Decision rationale: The CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, the patient complains of loss of sleep, daytime sleepiness and not being rested to due frequent walking to relieve her pain. Only one progress report was available from the medical records submitted. It was no known how long the patient has been having problems with sleep. There was also no documentation of failed behavior intervention, failed sleep medications, and exclusion of a psychiatric etiology. Also, there was no discussion concerning the patient's sleep hygiene. Therefore, the request for sleep study is not medically necessary.