

Case Number:	CM14-0024727		
Date Assigned:	06/11/2014	Date of Injury:	04/12/2010
Decision Date:	07/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old female with an injury reported on 04/12/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/20/2014 reported that the injured worker complained of low back pain. The clinical note is handwritten and nearly illegible. The physical examination of the injured worker's lumbar spine revealed tenderness per palpation at the paravertebral muscles. The range of motion of the injured worker's lumbar spine demonstrated flexion to 40 degrees and extension to 10 degrees. It was reported that the injured worker had a positive straight leg raise to the right lower extremity. It was reported that the injured worker had decreased sensation to the L5-S1 dermatomal level. The injured worker's diagnoses included lumbar spine sprain/strain and bilateral lower extremity radiculitis. The provider requested aquatherapy to increase range of motion, function, activities of daily living, and strengthening; and a lumbar spine seated MRI for the evaluation of the decreased sensation over the right lower extremity in the L5-S1 nerve root distribution. The request for authorization was submitted on 02/26/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO TIMES A WEEK FOR FOUR WEEKS: 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: The request for aquatherapy 2 times a week for 4 weeks is non-certified. The injured worker complained of low back pain. The treating physician's rationale for aquatherapy is for the increased range of motion, increased function, increased ADLs, and increased strengthening. The California MTUS guidelines recommend aquatic therapy 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. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Moreover, there is a lack of functional deficits indicating the injured worker requires aquatherapy opposed to physical therapy. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is non-certified.

LUMBAR SPINE SEATED MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for lumbar spine seated MRI is non-certified. The injured worker complained of low back pain. The treating physician's rationale for the lumbar spine seated MRI is due to the decreased sensation over the right lower extremity in the L5-S1 nerve root distribution. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Moreover, it cannot be determined if the seated MRI is a diagnostic or therapeutic imaging request. The guidelines do not recommend a repeat MRI without significant symptom changes. As such, the request is non-certified.

