

<b>Case Number:</b>	CM14-0068352		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 17, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 5, 2014, the claims administrator approved a request for six sessions of physical therapy, denied a request for six sessions of aquatic therapy, approved a consultation with a psychiatrist, and denied a lumbar MRI. The claims administrator invoked non-MTUS ODG guidelines to deny the lumbar MRI, despite the fact that the MTUS addressed the topic. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to approve the psychiatry consultation, again, despite the fact that the MTUS addressed the topic. The patient's attorney subsequently appealed. In a May 12, 2014 progress note, the patient was described as having persistent issues with hypertension, reflux, obesity, and obstructive sleep apnea. The patient had a CPAP machine and was receiving massage therapy. The patient was working, it was suggested, and was using hydrocodone for pain relief. The patient weighed 330 pounds. A weight loss program was sought. The patient was asked to continue working in the interim. On April 23, 2014, the patient was asked to return to her usual and customary work. Persistent complaints of low back pain were noted. The patient exhibited a slow and cautious gait. It was acknowledged that the patient had filed for multifocal pain secondary to cumulative trauma at work. Physical therapy, aquatic therapy, and home exercises were sought, along with a gym membership. The note was handwritten and quite difficult to follow. A TENS unit replacement was noted. The patient apparently exhibited complaints of low back pain radiating to the bilateral lower extremities with hyposensorium noted about the same. It was stated that lumbar MRI imaging, if approved, could lead to the patient's considering invasive options. It was stated

that the patient's last lumbar MRI was some two years prior. It was stated that the patient had issues taking medications owing to a variety of cardiopulmonary comorbidities. On June 9, 2014, the patient's treating provider noted that the patient had persistent complaints of low back, neck, bilateral knee, and bilateral wrist pain. The attending provider stated that the patient's multifocal pain complaints and obesity were making it difficult for her to tolerate land-based activities. The attending provider stated that the patient could potentially be a candidate for invasive treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic Therapy; two (2) times a week for three(3) weeks:** Overturned

**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:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, the applicant's primary treating provider (PTP) has, in fact, suggested that reduced weightbearing is desirable. The applicant is an extremely obese individual weighing well over 300 pounds. The applicant was described as having multifocal pain complaints and associated gait derangement. The applicant, thus, may, in fact, be a candidate for aquatic therapy. Accordingly, the request is medically necessary.

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), Low Back Chapter MRI's(magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant's primary treating provider has posited that a lumbar MRI, if approved, could potentially lead to the applicant's considering a surgical remedy involving the lumbar spine. The applicant does have ongoing complaints of low back pain radiating to the legs, the attending provider has posited, which have plateaued with earlier conservative management. Obtaining lumbar MRI imaging for possible preoperative planning purposes is an ACOEM-endorsed purpose. Therefore, the request is medically necessary.

