

<b>Case Number:</b>	CM14-0137273		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 82-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2012. In a Utilization Review report dated August 9, 2014, the claims administrator failed to approve a request for lumbar MRI imaging and partially approved a request for eight sessions of aquatic therapy as six sessions of the same. The claims administrator referenced a June 30, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On January 13, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had 16 sessions of manipulative therapy and 20 sessions of physical therapy, it was reported. The applicant's lower extremities have ranged from 4+ to 5-/5, it was reported. The applicant's gait was not clearly described. Manipulative therapy, medial branch blocks, and 15-pound lifting limitation were endorsed. It was stated that the applicant could potentially consider a lumbar laminectomy at a later point at time. In an applicant questionnaire dated March 11, 2015, the applicant acknowledged that he was not, in fact, working. On March 10, 2015, the attending provider alluded to the applicant as having previously lumbar MRI imaging of July 10, 2015 demonstrating multilevel spinal stenosis. Medial branch blocks were again proposed. Permanent work restrictions were renewed. Standing and walking remain problematic, it was reported. 4+ to -5/5 lower extremity strength was reported. There was no mention of the applicant's considering spine surgery at this point. The applicant's gait, once again, was not clearly described or characterized. On November 11, 2014, the attending provider stated that he was in process of the seeking authorization for lumbar rhizotomy procedures. 8/10 low back

pain complaints were reported. Once again, there was no mention of the applicant's considering or contemplating any kind of surgical intervention on this date. The applicant exhibited a normal gait with normal heel and toe ambulation, it was reported. On August 1, 2014, the applicant was described permanent and stationary. Medial branch blocks and aquatic therapy were again sought. The applicant was, once again, described as exhibiting a normal gait with normal heel and toe ambulation despite the reports of severe low back pain radiating to the bilateral lower extremities. Permanent work restrictions were imposed, apparently resulting in the applicant's precluding from his usual and customary occupation. In a June 30, 2014 RFA form, a hand specialist follow-up, eight sessions of aquatic therapy, general orthopedic follow-up and MRI of lumbar spine were sought. In an associated progress note of the same date, the attending provider stated that he was seeking MRI imaging of the lumbar spine to further evaluate alleged soft tissue mass, which was apparently appreciated on inspection. The lumbar MRI in question was apparently performed on July 12, 2014 and did demonstrate multilevel spinal stenosis, low grade disk protrusion, and an L1 hemangioma. There was no seeming mention of a mass present.

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

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

**MRI of soft tissue of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Yes, the proposed MRI of the soft tissue of lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, CT or MRI imaging is "recommended" in applicants in whom tumor is strongly suspected. Here, the attending provider did report on multiple occasions that he suspected that the applicant had possible soft tissue mass involving the lumbar spine. Obtaining MRI imaging, thus, was indicated to delineate the presence or absence of same. Therefore, the request was medically necessary.

**8 pool therapy sessions for back and knee pain:** 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 rationale:** Conversely, the request for eight sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is

recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was/is, in fact, desirable. The attending provider stated that the applicant exhibited normal gait on multiple office visits, referenced above, seemingly obviating the need for aquatic therapy at issue. Therefore, the request was not medically necessary.