

<b>Case Number:</b>	CM14-0194526		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/05/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 70-year-old female with an injury date of 08/05/00. Based on the 09/16/14 progress report, the patient complains of back pain interfering with her normal activities of daily living. Physical examination revealed tenderness to palpation at the L3-4 facets, decreased range of motion, and negative straight leg raise test. On the 11/14/14 visit, patient complained of increased pain. Physical examination to the lumbar spine revealed bilateral hypoplastic patellar and Achilles tendons; and bilateral positive straight leg raise test. Per 09/16/14 progress report, provider requests MRI of the lumbar spine "to rule out herniated nucleus pulposus." He also requests aquatic therapy to the lumbar spine to "alleviate some of her pain and increase her core strength," per 09/16/14 report. Diagnostic study 09/16/14 -x-ray of the lumbar spine: right thoracolumbar and left lumbar curve, posterior sagittal vertical alignment, severe rotational misalignment and hypertrophic changes at L4-5; L4 vertebra is collapsed on the concave left side. Complete loss of disc height at L5-S1 and a left lateral translation of L2 on L3. Diagnosis 11/14/14 are:-Lumbar sprain-Sprain, shoulder/arm-Sprain, knee/leg. The utilization review determination being challenged is dated 10/21/14. The rationale follows: 1) MRI of the lumbar spine: "no objective evidence of radiculopathy in a dermatomal distribution." 2) Aquatic therapy 2-3 times a week for 6 weeks in the lumbar spine: "had previous physical therapy of an unspecified amount, no documentation by the clinician that formal aquatic therapy would be of more benefit than a home exercise program." Treatment reports were provided from 09/16/14 to 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Patient presents with back pain interfering with her normal activities of daily living. The request is for MRI of the lumbar spine. Diagnosis dated 11/14/14 included lumbar sprain, shoulder/arm sprain, and knee/leg sprain. Physical examination on 09/16/14 revealed difficulty in heel and toe walking and bilateral positive straight leg raise test. ODG-TWC guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (magnetic resonance imaging) Section states: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). (Bigos, 1999) Per 09/16/14 progress report, provider requests MRI of the lumbar spine "to rule out herniated nucleus pulposus." Physical examination to the lumbar spine on 09/16/14 revealed painful and limited range of motion, and bilateral hypoplastic patellar and Achilles tendons; and bilateral positive straight leg raise test. However, patient does not present with radicular symptoms, nor has provider provided diagnosis of radiculopathy or progression of neurologic deficit to warrant MRI. The request does not meet guideline indications; therefore it is not medically necessary.

**Aquatic therapy 2-3 times a week for 6 weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers Compensation; Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Therapy Page(s): 22, 98-99.

**Decision rationale:** MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically is recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine. "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over

4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". Per 09/16/14 report, provider requests aquatic therapy to the lumbar spine to "alleviate some of her pain and increase her core strength." Physical examination to the lumbar spine on 09/16/14 revealed painful and limited range of motion, and bilateral hypoplastic patellar and Achilles tendons. Examination also revealed difficulty in heel and toe walking and bilateral positive straight leg raise test. Though provider has not discussed need for reduced weight bearing, based on physical examination findings, it appears patient would benefit from weight-reduced exercises. However, the request for 12 to 18 sessions would exceed what is allowed by guidelines. The request is not medically necessary.