

<b>Case Number:</b>	CM14-0201279		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with a work injury dated 12/20/13. The diagnoses include status post fracture and surgery of the first metatarsal of right foot 3/25/14 with residual pain and numbness of the right foot; chronic myofascial pain syndrome; thoracolumbar spine-moderate to severe; acute right S1 radiculopathy. Under consideration is a decision for MRI lumbar spine and daily swimming pool exercise x 6 weeks. An 11/6/14 progress note states that the patient has 6-8/10 on a pain scale of 1-10 without medications. He has frequent pain and numbness in his right leg and also reports experiencing painful movements of his right knee. He reports getting greater than 70% pain relief with his current medications which decrease his pain from 6-8/10 down to 3/10. He reports having greater than 50-75% functional improvement as a result of reduced pain and says he is better able to perform activities of daily living such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. He says he has been feeling moderately depressed. He reports moderate difficulty sleeping without medications and feels his sleep problems and depression have been getting worse. The objective findings state that the ranges of motion of the thoracic and lumbar spine were slightly moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The ranges of motion of the right ankle were moderately decreased in all directions. There was swelling of the right foot noted and palpable tenderness of the dorsum of the right foot. He could not perform heel-toe or tandem gait due to pain in the right foot/leg and was ambulating with a cane. Sensation to fine touch and pinprick was decreased in the dorsum of the right foot and right calf area. Dorsiflexion was decreased in the right foot at +4/5. There is a request for pending lumbar MRI, Tramadol/APAP; Naproxen, Mirtazipine. Additionally the treatment plan states the patient is to have swimming pool exercises daily to aid in general strengthening, physical conditioning and mood elevation.

He is considered temporarily totally disabled for the next 6 weeks as he cannot function as a semi-truck driver at this time and is ambulating with a walking boot on the right foot and with the aid of a cane. There is a 9/18/14 electrodiagnostic report that states that the patient has an acute right S1 radiculopathy.

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

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

**MRI lumbar spine:** Overturned

**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.

**Decision rationale:** MRI lumbar spine is medically necessary per the MTUS ACOEM guidelines. The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The documentation indicates that the patient has had a positive EMG of a right S1 radiculopathy. He has persistent low back pain. The guidelines state that if there is physiologic evidence of nerve impairment an imaging test such as an MRI can be performed. A positive EMG study of a radiculopathy is physiologic evidence of nerve impairment therefore a lumbar MRI is reasonable and medically necessary to define the cause of the patient's symptoms. Additionally the patient has decreased sensation and strength on the lower extremity physical exam in the right foot which may or may not be due to his foot injury. The request for MRI lumbar spine is medically necessary.

**Daily swimming pool exercise x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Daily swimming pool exercise x 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The

documentation does not indicate intolerance of land based exercises or activities. The request for daily swimming pool exercises x 6 weeks is not medically necessary.