

Case Number:	CM15-0002309		
Date Assigned:	01/13/2015	Date of Injury:	12/19/2012
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 52, year old male, who sustained an industrial injury on 12/19/2012, picked up a 125 pound motor and experienced low back pain. The injured worker has had a right L4-5 laminectomy and a right L5-S1 foraminotomy on 10.23.12 for severe right L4-5 and L5-S1 spinal stenosis. Postoperative imaging on 5/28/14 shows postoperative changes at L4-5 with a fluid collection measuring 1 cm by 3cm; no evidence of septic discitis or osteomyelitis; no evidence of central canal or foraminal stenosis; the C-reactive protein and sedimentation rate were unremarkable. X-rays on 12/4/14 showed no evidence of instability. He has complaints of right and left leg pain and low back pain that is constant and achy with spasm. He was currently taking Norco without benefits and previously was on Percocet three a day and had better benefits, takes gabapentin and had tried baclofen in the past but did not provide relief. According to the utilization review performed on 12/19/14, the requested acupuncture low back has been modified to 6 treatments of acupuncture low back and the water therapy 1-2 x 4-6 low back and the EMG/NCS bilateral lower extremities has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines page 22, Acupuncture Medical Treatment Guidelines; ACOEM: Low Back Complaints page 303-305 were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 1-2 x 4-6 low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Pain section, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, water therapy (aquatic therapy) 1 to 2 times per week times 4 to 6 weeks for the low back is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended when reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured workers working diagnoses are lumbar spinal stenosis, status post right L4-L5 laminectomy on 10/23/13; chronic low back pain; radicular symptoms in the bilateral legs; diabetes; and chronic pain syndrome. Subjectively, the injured worker complains of low back pain with spasms and pain radiating to the right lateral leg. Objectively, the injured worker complains of tenderness in the lower paraspinal muscle groups with palpable spasm. Range of motion is full. The injured worker had postoperative physical therapy that was not particularly helpful. There is no documentation of objective functional improvement with prior physical therapy. The treating physician is now requesting water therapy (aquatic therapy). Aquatic therapy is an optional name of exercise therapy that can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable. There is no documentation in the medical record indicating reduced weight bearing is desirable for this injured worker. There is no clinical rationale for aquatic therapy in the record. Consequently, absent clinical documentation to support aquatic therapy when prior postoperative physical therapy was not particularly helpful (in the absence of objective functional improvement), water therapy (aquatic therapy) one to two times per week for 4 to 6 weeks for the low back is not medically necessary.

Acupuncture 1-2 x 4-6 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Low back section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture 1 to 2 times per week times 4 to 6 weeks to the lower back is not medically necessary. Acupuncture is recommended as an option using a short course in conjunction with other interventions. Acupuncture to the low back is not recommended for acute low back pain but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use and

objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured workers working diagnoses are lumbar spinal stenosis, status post right L4-L5 laminectomy on 10/23/13; chronic low back pain; radicular symptoms in the bilateral legs; diabetes; and chronic pain syndrome. Subjectively, the injured worker complains of low back pain with spasms and pain radiating to the right lateral leg. There is no number certainly present. Objectively, the injured worker complains of tenderness in the lower paraspinal muscle groups with palpable spasm. Range of motion is full. Scrape is 5/5 at the lower extremities. The injured worker had postoperative physical therapy that was not particularly helpful. There is no documentation of objective functional improvement with prior physical therapy. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use an objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The documentation does not show any prior acupuncture treatments. The treating physician requested acupuncture 1 to 2 times per week for 4 to 6 weeks to the lower back (6 to 12 sessions). The guidelines recommend 3 to 4 visits. Consequently, acupuncture 1 to 2 times per week for 4 to 6 weeks to the lower back in contravention of the recommended guidelines is not medically necessary.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended, as an option, to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured workers working diagnoses are lumbar spinal stenosis, status post right L4-L5 laminectomy on 10/23/13; chronic low back pain; radicular symptoms in the bilateral legs; diabetes; and chronic pain syndrome. Subjectively, the injured worker complains of low back pain with spasms and pain radiating to the right lateral leg. There is no number certainly present. Objectively, the injured worker complains of tenderness in the lower paraspinal muscle groups with palpable spasm. Range of motion is full. Scrape is 5/5 at the lower extremities. The injured worker had postoperative physical therapy that was not particularly helpful. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The injured workers working diagnosis reflects radicular symptoms and the bilateral legs. An EMG is recommended to obtain an equivocal evidence of radiculopathy, but EMGs are not necessary if radiculopathy is already clinically obvious. Radiculopathy, according to the documentation, is clinically present. Consequently, absent clinical documentation according to the guidelines, EMG/NCV of the bilateral lower extremities is not medically necessary.

