

Case Number:	CM15-0101676		
Date Assigned:	06/04/2015	Date of Injury:	05/19/2009
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on May 19, 2009. She reported falling on her left side sustaining injuries to her left leg, lower back, left arm, and the left side of her head. The injured worker was diagnosed as having dysthymic disorder, degenerative of lumbar or lumbosacral intervertebral disc, other malaise and fatigue, myalgia and myositis, disturbance of skin sensation, pain in limb, disorders of sacrum, lumbago, back sprain, and bilateral sacroiliitis. Treatment to date has included psychotherapy, aqua therapy, MRI, home exercise program (HEP), TENS, H-wave, and medication. Currently, the injured worker complains of chronic low back pain and left leg pain with aching in head, neck, left periscapular region and left upper extremity. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported her pain at a 7-8/10 on the visual analog scale (VAS) without medications and 5/10 with medication. Physical examination was noted to show the injured worker with an antalgic gait with a cane due to left leg pain. The lumbar spine was noted to have diminished sensation in the left L4-S1 dermatomes, straight leg raise testing greatly aggravated her left leg pain, with sciatic notches painful to palpation bilaterally left greater than right and the sacroiliac joints tender to palpation bilaterally left greater than right. The injured worker's current medications were listed as Gabapentin and Hydrocodone/Acetaminophen. The injured worker was noted to continue to have significant low back pain that goes down her left leg, with the treatment plan noted to include prescriptions for Gabapentin and Hydrocodone/Acetaminophen with requests for authorization for additional aqua therapy and a repeat MRI of the lumbar spine.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has chronic low back pain and left leg pain with aching in head, neck, left periscapular region and left upper extremity. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported her pain at a 7-8/10 on the visual analog scale (VAS) without medications and 5/10 with medication. Physical examination was noted to show the injured worker with an antalgic gait with a cane due to left leg pain. The lumbar spine was noted to have diminished sensation in the left L4-S1 dermatomes, straight leg raise testing greatly aggravated her left leg pain, with sciatic notches painful to palpation bilaterally left greater than right and the sacroiliac joints tender to palpation bilaterally left greater than right. The treating physician has not documented evidence of an acute clinical change from the date of the previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

Aqua therapy 1-2 x 4-6 weeks: 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 rationale: The requested Aqua therapy 1-2 x 4-6 weeks, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has chronic low back pain and left leg pain with aching in head, neck, left periscapular region and left upper extremity. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported her pain at a 7-8/10

on the visual analog scale (VAS) without medications and 5/10 with medication. Physical examination was noted to show the injured worker with an antalgic gait with a cane due to left leg pain. The lumbar spine was noted to have diminished sensation in the left L4-S1 dermatomes, straight leg raise testing greatly aggravated her left leg pain, with sciatic notches painful to palpation bilaterally left greater than right and the sacroiliac joints tender to palpation bilaterally left greater than right. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aqua therapy 1-2 x 4-6 weeks is not medically necessary.