

<b>Case Number:</b>	CM15-0016290		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26-year-old male who reported an injury on 02/02/2011 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a follow-up evaluation regarding his work related injury. He reported that he needed a letter stating that he could not work. It was noted that he still needed to attend the water therapy, referral for plastic surgery was pending, and he was being referred to psychiatry for adjustment to disability. A physical examination showed that the head and neck are in neutral position and he had full painless range of motion of the neck with normal stability and normal strength. There was moderate generalized tenderness in the lumbar area, severe generalized tenderness in the lumbar area, and flat back/lumbar flexion was moderately restricted, lumbar extension was also noted to be moderately restricted. Gait and station were noted to be normal and he did not use any mobility aids. He was diagnosed with pain, lumbago, low back pain. The treatment plan was for psychiatry consultation, plastic surgery consultation, water therapy, and lumbar facet joint injections. The rationale for treatment was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatry consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that psychological consultations may be indicated for those who have symptoms of depression, anxiety, or irritability. The documentation provided for review does not show that the injured worker was having any signs and symptoms consistent with depression, anxiety, or irritability to support the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Plastic Surgery consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** The California ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for those who have red flags of a serious nature, those who fail conservative care, and those who have clear clinical and imaging evidence of a lesion that has been shown to benefit from both the short and long term from surgical repair. The documentation provided does not show that the injured worker has any clinical or imaging evidence of a lesion to support the request for a surgical intervention. Also, there was a lack of evidence showing he has undergone recommended conservative care. Furthermore, the type of surgery, as well as what body part the surgery would be performed on, was not stated within the request and was not evident within the documentation. Therefore, the request is not supported. As such, the request is not medically necessary.

**Water therapy for the lumbar spine 2 times a week for 4 weeks, quantity: 8 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The California MTUS Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy for those where reduced weight bearing is desirable. The documentation

provided for review does not indicate that the injured worker has any conditions that would support the request for aquatic therapy. There was no indication that reduced weight bearing was desirable for this patient and no clear rationale as to why he could not perform land-based physical therapy. Therefore, the request is not supported. As such, the request is not medically necessary.

**Lumbar facet joint injection at left L5-S1: 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, facet injections.

**Decision rationale:** The Official Disability Guidelines indicate that facet injections should only be performed when there is anticipation that, if successful, a neurotomy will take place, and only if the injured worker's signs and symptoms are consistent with facet joint pain. The documentation provided for review does not indicate that the injured worker had any signs and symptoms consistent with facet joint pain or that he had failed all recommended conservative treatment options. Also, there was no indication that a facet neuropathy would be performed with the anticipation that the injection was successful. Therefore, the request is not supported. As such, the request is not medically necessary.