

<b>Case Number:</b>	CM15-0130050		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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

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 57-year-old female, who sustained an industrial injury on July 16, 2010. The injured worker was diagnosed as having lumbar intervertebral disc displacement, cervical strain/sprain, brachial neuritis or radiculitis and rotator cuff syndrome. Treatment to date has included oral and topical medication and therapy. A progress note dated June 23, 2015 provides the injured worker complains of neck, left shoulder arm and wrist/hand, right shoulder and arm, back, sacroiliac, buttock, left leg, knee and foot pain. She rates the pain 5/10 at best and 8/10 at its worst with numbness and tingling. Physical exam notes the injured worker to have notable anxiety and stress. There is tenderness on palpation of the cervical, lumbar sacroiliac, buttock and leg pain with some decreased range of motion (ROM) of lumbar flexion. The plan includes wheel chair, oral and topical medication, aqua therapy, electromyogram, nerve conduction study and psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the lumbar spine (unspecified frequency/duration): Upheld**

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

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

**Decision rationale:** The patient presents with back, upper and lower extremities pain. The discomfort at its worst is rated 8/10 and at its best 5/10. The patient has numbness and tingling in legs, knees, shin, ankles, feet, cervical, thoracic, lumbar, sacroiliac, pelvis, sacral, buttocks, calves and hand that is noticed approximately 90% of the time. The request is for AQUA THERAPY FOR THE LUMBAR SPINE (UNSPECIFIED FREQUENCY/DURATION). The request for authorization is dated 06/23/15. MRI of the cervical spine, 04/10/15, C2-3 through C7-T1 disc spaces show desiccation from early disc degeneration. MRI of the lumbar spine, 04/22/15, L5-S1 disc space shows desiccation with normal stature and central disc protrusion by approximately 3 mm with ventral narrowing of the thecal sac, bright signal of the posterior annulus indicating posterior annular tear, moderate narrowing of the left lateral recess and mild narrowing of the right lateral recess. Physical examination reveals palpable tenderness at cervical, lumbar, sacroiliac, buttocks and legs. Cervical and lumbar ranges of motion are reduced. The patient experiences dizziness. Patient states to have notable anxiety and stress. Patient's medications include Gabapentin, Tramadol, Lidoderm Patches and Compound Cream. Per progress report dated 06/23/15, the patient is temporarily totally disabled. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) 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." Treater does not discuss the request. Given the patient's condition, a short course of Aqua Therapy would be indicated. However, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. MTUS recommends up to 10 visits of therapy. In this case, the request is for an unknown frequency/duration of aqua therapy and, therefore, unable to make a determination. Therefore, the request IS NOT medically necessary.

**EMG-NCV bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)' Chapter under topic EMGs (electromyography).

**Decision rationale:** The patient presents with back, upper and lower extremities pain. The discomfort at its worst is rated 8/10 and at its best 5/10. The patient has numbness and tingling in legs, knees, shin, ankles, feet, cervical, thoracic, lumbar, sacroiliac, pelvis, sacral, buttocks, calves and hand that is noticed approximately 90% of the time. The request is for EMG-NCV BILATERAL LOWER EXTREMITIES. The request for authorization is dated 06/23/15. MRI of the cervical spine, 04/10/15, C2-3 through C7-T1 disc spaces shows desiccation from early disc degeneration. MRI of the lumbar spine, 04/22/15, L5-S1 disc space shows desiccation with normal stature and central disc protrusion by approximately 3 mm with ventral narrowing of the thecal sac, bright signal of the posterior annulus indicating posterior annular tear, moderate narrowing of the left lateral recess and mild narrowing of the right lateral recess. Physical examination reveals palpable tenderness at cervical, lumbar, sacroiliac, buttocks and legs. Cervical and lumbar ranges of motion are reduced. The patient experiences dizziness. Patient states to have notable anxiety and stress. Patient's medications include Gabapentin, Tramadol, Lidoderm Patches and Compound Cream. Per progress report dated 06/23/15, the patient is temporarily totally disabled. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. The patient continues with low back pain radiating to lower extremities. Given the patient's lower extremity symptoms, physical examination, and MRI findings, EMG/NCV studies would appear reasonable. There is no evidence that this patient has had prior bilateral lower extremities EMG/NCV studies done. Therefore, the request IS medically necessary.

**Psychiatric consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** The patient presents with back, upper and lower extremities pain. The discomfort at its worst is rated 8/10 and at its best 5/10. The patient has numbness and tingling in legs, knees, shin, ankles, feet, cervical, thoracic, lumbar, sacroiliac, pelvis, sacral, buttocks, calves and hand that is noticed approximately 90% of the time. The request is for PSYCHIATRIC CONSULTATION. The request for authorization is dated 06/23/15. MRI of the cervical spine, 04/10/15, C2-3 through C7-T1 disc spaces shows desiccation from early disc degeneration. MRI of the lumbar spine, 04/22/15, L5-S1 disc space shows desiccation with normal stature and central disc protrusion by approximately 3 mm with ventral narrowing of the thecal sac, bright signal of the posterior annulus indicating posterior annular tear, moderate narrowing of the left lateral recess and mild narrowing of the right lateral recess. Physical examination reveals palpable tenderness at cervical, lumbar, sacroiliac, buttocks and legs.

Cervical and lumbar ranges of motion are reduced. The patient experiences dizziness. Patient states to have notable anxiety and stress. Patient's medications include Gabapentin, Tramadol, Lidoderm Patches and Compound Cream. Per progress report dated 06/23/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 06/23/15, treater's reason for the request is "her previous doctor is too far for her." In this case, the patient states to have notable anxiety and stress. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Psychiatric Consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.