

Case Number:	CM15-0143866		
Date Assigned:	08/04/2015	Date of Injury:	02/27/2014
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53-year-old male who sustained an industrial injury on 2/27/14. Injury occurred due to lifting a heavy patient. Conservative treatment included activity modification, physical therapy, and medications. The 5/16/14 lumbar spine MRI impression documented disc desiccation from T12/L1 down to L5/S1 with mild associated disc height loss at L4/5 and L5/S1. There were Modic type II and plate degenerative changes at the inferior end plates of L4 through L5 and superior endplates of L5 through S1. There was a degenerative grade 1 retrolisthesis of L4 on L5 and L5 on S1. At L2/3 and L3/4, there were 3.3 mm broad-based posterior disc herniations causing spinal canal and bilateral neuroforaminal stenosis. At L4/5, there was a 4.7 mm broad-based posterior disc herniation causing spinal canal stenosis and associated bilateral lateral recess stenosis with contact on the bilateral L5 transiting nerve roots. At L5/S1, there was a diffuse 6.6 mm disc herniation causing severe stenosis of the spinal canal and associated bilateral lateral recess stenosis contacting the bilateral S1 transiting nerve roots. The 3/31/15 panel qualified medical evaluation (PQME) supplemental report stated that he believed the injured worker would benefit from continued treatment in the lumbar spine and had not exhausted his treatment options. He recommended continued non-operative treatment to include a TENS unit, medications, and physical medicine treatment, and possible referral to pain management. Failing that, surgery might be a consideration. The 5/20/15 occupational medicine report cited back pain radiating into the right posterior thigh to the heel with transient numbness and tingling. Pain was aggravated by all types of movement and relieved with medications and rest. He had completed 12 sessions of physical therapy. Lumbar spine exam documented slight

list to the right with a slightly straightened lumbar lordotic curve, tenderness at the right L4/5 and L5/S1 paraspinal muscles, mild loss of range of motion, and intact motor function. Sensory exam and lower extremity deep tendon reflexes were normal. The diagnosis included discogenic lumbar disease with right L4/5 and L5/S1 subjective radiculopathy. The treatment plan indicated that surgical approval for the low back was pending and recommended continued home exercise program. The 6/30/15 chiropractic report cited grade 6/10 constant moderate low back pain. Lumbosacral exam documented mild loss of range of motion, lumbosacral muscle tenderness, and positive mechanical lumbar and sacroiliac tests. The diagnosis included lumbar sprain/strain with multilevel intervertebral disc and degenerative disc disease, radiculitis, myofascitis, and retrolisthesis. The treatment plan recommended orthopedic surgeon evaluation and aqua therapy 1 to 2 times per week for 4 weeks. The patient requested lumbar spine surgery as recommended by the PQME. Authorization was requested for orthopedic surgeon evaluation, lumbar spine surgery, and aqua therapy 1-2 times a week for 4 weeks. The 7/13/15 utilization review certified the request for orthopedic surgeon evaluation. The request for lumbar spine surgery was non-certified as there was information as to the specific kind of surgical procedure being requested. The request for aqua therapy was non-certified as the injured worker had prior physical therapy treatment with no evidence of intolerance to land-based physical therapy to support aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Guideline criteria have not been met. This injured worker presents with constant moderate low back pain with radicular complaints. Clinical exam findings do not evidence a focal neurologic deficit. There is imaging evidence of disc herniation with plausible nerve root compression at the L4/5 and L5/S1 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is evidence of physical therapy but no documentation of response to therapy. This request does not specify the planned procedure to allow for medical necessity to be established. Therefore, this request is not medically necessary.

Aqua therapy one (1) to two (2) times a week over four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 23, 98-99.

Decision rationale: The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, 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 physical medicine recommendations are used as a guideline for the number of supervised visits and would generally support 8 to 10 visits. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. This injured worker has recently completed 12 visits of physical therapy with no documentation of response to therapy. There is no evidence of intolerance to land-based therapy. There is no documentation of a specific functional deficit to be addressed with aquatic therapy over continuation of his home exercise program. Therefore, this request is not medically necessary at this time.