

Case Number:	CM15-0180414		
Date Assigned:	09/22/2015	Date of Injury:	06/07/2012
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 62 year old female, who sustained an industrial-work injury on 6-7-12. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine, status post anterior discectomy and fusion, L4-5, and L5-S1 with posterior hardware for stabilization, anxiety, and depression. Treatment to date has included medication, aquatics, diagnostics, and psychiatric consultation. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 10-14-14 demonstrating L4-5 lumbar radiculopathy. Currently, the injured worker complains of low back pain that radiates into the left and right buttocks and intermittently down the left lower extremity to the left ankle. There are frequent stabbing pains in both thighs that increased in frequency since starting physical therapy, constant numbness in the left middle and great toes extending over the foot, and occasional burning sensation over the left medial malleolus after active, and depression. Per the primary physician's progress report (PR-2) on 7-22-15, exam notes an antalgic gait, uses a cane, tenderness in the lumbar intervertebral spaces and paravertebral muscles, left and right sacroiliac joints and sciatic notches and inferior portion of the buttocks, positive straight leg raise with ipsilateral rotation in each case. There is weakness of the left extensor hallucis longus muscle and left toe flexors. Current plan of care includes medication, genetic testing, and consultation. The Request for Authorization date was 8-3-15 and requested service to include Follow up appointment with a family medicine specialist and Aquatic therapy 2 times a week for 6 weeks for the lumbar spine. The Utilization Review on 9-1-15 denied the request since there was no documentation to warrant a specialist for reason and there was prior

Aquatic therapy or documentation that the IW failed land based exercises, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine) Low Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment with a family medicine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Follow up appointment with a family medicine specialist, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back pain that radiates into the left and right buttocks and intermittently down the left lower extremity to the left ankle. There are frequent stabbing pains in both thighs that increased in frequency since starting physical therapy, constant numbness in the left middle and great toes extending over the foot, and occasional burning sensation over the left medial malleolus after active, and depression. Per the primary physician's progress report (PR-2) on 7-22-15, exam notes an antalgic gait, uses a cane, tenderness in the lumbar intervertebral spaces and paravertebral muscles, left and right sacroiliac joints and sciatic notches and inferior portion of the buttocks, positive straight leg raise with ipsilateral rotation in each case. There is weakness of the left extensor hallucis longus muscle and left toe flexors. The treating physician has documented persistent symptoms and exam findings to document the medical necessity for a follow-up visit. The criteria noted above having been met, Follow up appointment with a family medicine specialist is medically necessary.

Aquatic therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The requested Aquatic therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, 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 low back pain

that radiates into the left and right buttocks and intermittently down the left lower extremity to the left ankle. There are frequent stabbing pains in both thighs that increased in frequency since starting physical therapy, constant numbness in the left middle and great toes extending over the foot, and occasional burning sensation over the left medial malleolus after active, and depression. Per the primary physician's progress report (PR-2) on 7-22-15, exam notes an antalgic gait, uses a cane, tenderness in the lumbar intervertebral spaces and paravertebral muscles, left and right sacroiliac joints and sciatic notches and inferior portion of the buttocks, positive straight leg raise with ipsilateral rotation in each case. There is weakness of the left extensor hallucis longus muscle and left toe flexors. 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, Aquatic therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.