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| <b>Case Number:</b>   | CM15-0198921 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 08/21/2012 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 58 year old female, who sustained an industrial injury on 08-21-2012. She has reported injury to the bilateral knees and low back. The diagnoses have included lumbar spine multilevel disc protrusions; bilateral knee effusions; bilateral knee degenerative arthritis; right knee chondromalacia patella; and chronic pain. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, aqua therapy, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 09-04-2015, documented an evaluation with the injured worker. The injured worker reported constant upper back pain, which is rated as a 4 out of 10 in intensity; the pain radiates to her bilateral shoulders and mid back with deep sensation; on and off bilateral shoulder pain, which is rated at 4 out of 10 in intensity; the pain radiates to the bilateral elbows and hands; constant low back pain, which is rated as 8 out of 10 in intensity; the pain radiates to her bilateral hips and legs with tingling and deep sensation; constant bilateral knee pain, which is rated at 6 out of 10 in intensity; and the pain radiates to her bilateral feet with tingling and deep sensation. Objective findings included she is in slight distress; she has an antalgic gait; tenderness to palpation with spasms of the lumbar paraspinals and tenderness to palpation of the bilateral sacroiliacs; lumbar spine ranges of motion are decreased; positive sitting root and straight leg raise; she has hypoesthesia of the right lateral thigh; tenderness to palpation of the peripatellar regions bilaterally; positive McMurray's test bilaterally; strength is 2+ out of 5. The treatment plan has included the request for spine surgery consultation; EMG (electromyography)-NCV (nerve conduction velocity) of bilateral lower extremity (BLE); and aqua therapy, 2 x 6 bilateral knees and lumbar spine. The original utilization review, dated 10-01-2015, non-certified the request for spine surgery consultation; EMG (electromyography)-NCV (nerve conduction velocity) of bilateral lower extremity (BLE); and aqua therapy, 2 x 6 bilateral knees and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgery consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** This 58 year old female has complained of knee pain, upper back pain and lower back pain since date of injury 8/21/2012. She has been treated with physical therapy, aqua therapy, epidural steroid injection and medications. The current request is for a spine surgery consultation. The available medical records document that the patient is already being evaluated by a spine surgeon specialist. There is no provider rationale documented regarding the request for an additional spine surgery consultation. On the basis of the available medical records and per the guidelines cited above, spine surgery consultation is not medically necessary.

**EMG/NCV of bilateral lower extremity (ble):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 58 year old female has complained of knee pain, upper back pain and lower back pain since date of injury 8/21/2012. She has been treated with physical therapy, aqua therapy, epidural steroid injection and medications. The current request is for an EMG/NCV study of the bilateral lower extremities. The patient had an EMG/NCV study of the bilateral lower extremities performed in 11/2014. The available medical records do not document any new injuries, symptoms or physical examination findings since the previous study which would indicate the necessity of obtaining a repeat EMG/NCV of the bilateral lower extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, EMG/NCV of the bilateral lower extremities is not medically necessary.

**Aqua therapy, 2 x 6 bilateral knees & lumbar spine:** Upheld

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

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

**Decision rationale:** This 58 year old female has complained of knee pain, upper back pain and lower back pain since date of injury 8/21/2012. She has been treated with physical therapy, aqua therapy, epidural steroid injection and medications. The current request is for aqua therapy, 2 x 6

bilateral knees & lumbar spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The patient has already received 10 sessions of physical therapy. The medical necessity for continued passive physical therapy beyond this number of sessions is not documented nor is there a documentation of response to physical therapy thus far. On the basis of the available medical records and per the MTUS guidelines cited above, aqua therapy, 2 x 6 bilateral knees & lumbar spine is not medically necessary.