

<b>Case Number:</b>	CM15-0200569		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 40 year old female, who sustained an industrial injury on 7-30-2013. The injured worker is undergoing treatment for: cervical and lumbosacral spondylosis without myelopathy. On 9-8-14, and 8-17-15, she reported low back pain, and occasional headaches. She is noted to have been authorized for pool therapy at the end of last year and was unable to attend more than 2 sessions due to a medical illness. The provider noted it had been at least one year since she had a magnetic resonance imaging of the cervical spine and indicated this to warrant an update. Physical examination revealed tenderness, stiffness and spasm in the back with a decreased range of motion, and no radicular pain. She is noted to have had a cervical contusion and the provider recommended yearly magnetic resonance imaging to monitor. The treatment and diagnostic testing to date has included: cervical magnetic resonance imaging (2014), medications, and at least 2 pool therapy sessions. Medications have included: Terocin lotion. Current work status: modified. The request for authorization is for: magnetic resonance imaging of the cervical spine without contrast, and pool therapy two times a week for 6 weeks. The UR dated 9-10-2015: modified certification of 6 pool therapy sessions, and non-certified the request for magnetic resonance imaging of the cervical spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine w/o contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** The patient presents with neck and back pain. The request is for MRI CERVICAL SPINE W/O CONTRAST. The request for authorization is dated 09/02/15. Physical examination reveals she has some stiffness and spasm of the back with decreased range of motion and tenderness. There is no radicular pain. Patient's impression includes cervical spine cord contusion at C2 level with numbness and tingling in the upper extremities. Yearly MRIs are recommended to monitor this. Lumbar spine sprain/strain with grade I retrolisthesis of L5 over S1 with 3 mm disc bulge causing no neural foraminal narrowing. Patient's medication includes Terocin lotion. Per progress report dated 08/17/15, the patient's work status is modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-178 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) Section states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 08/17/15, treater's reason for the request is "to monitor her cord contusion." Per the same report, treater states, "Also it has been a year since he last evaluated her cervical spine contusion with an MRI and I warrant an updated MRI to evaluate and monitor this issue." However, there is no documentation or discussion on significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. Therefore, the request IS NOT medically necessary.

**Pool therapy 2 times a week for 6 weeks: 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): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents with neck and back pain. The request is for POOL THERAPY 2 TIMES A WEEK FOR 6 WEEKS. The request for authorization is dated 09/02/15. Physical examination reveals she has some stiffness and spasm of the back with decreased range of motion and tenderness. There is no radicular pain. Patient's impression include cervical spine cord contusion at C2 level with numbness and tingling in the upper

extremities. Yearly MRIs are recommended to monitor this. Lumbar spine sprain/strain with grade I retrolisthesis of L5 over S1 with 3 mm disc bulge causing no neural foraminal narrowing. Patient's medication includes Terocin lotion. Per progress report dated 08/17/15, the patient's work status is modified duty. MTUS, Aquatic Therapy Section, page 22 states: "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." MTUS, Physical Medicine Section, pages 98-99 state: "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: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." Per progress report dated 08/17/15, treater's reason for the request is "It should be noted that 12 sessions were authorized last year although only two were completed." Given the patient's condition, a short course of Pool Therapy might be indicated. MTUS recommends up to 10 visits of therapy for non post-op conditions. However, there is no indication the patient to be extremely obese, nor discussion as to why the patient cannot participate in traditional weight bearing exercises. Additionally, the patient has already completed 2 of 12 authorized Pool Therapy sessions. The request for 12 additional sessions of Pool Therapy would exceed what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.