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| Case Number: | CM15-0201710 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 09/09/2005 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Preventive Medicine, Occupational 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 67 year old male who sustained an industrial injury on 9-9-05. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported lumbar spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine strain and sprain, displacement of thoracic intervertebral disc without myelopathy. Provider documentation dated 8-28-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, radiographic studies, computed tomography, and acupuncture treatment. Objective findings dated 8-28-15 were notable for cervical and lumbar spine tenderness. The original utilization review (9-14-15) denied a request for MRI of the lumbar spine and Aqua therapy 3x a week for 4 weeks for the low back and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of significant nerve insult or other red flags that would warrant a lumbar MRI, therefore, the request for MRI of the lumbar spine is determined to not be medically necessary.

Aqua therapy 3x a week for 4 weeks for the low back and right hip: 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 MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, there is no documentation stating why the injured worker is unable to tolerate a land-based exercise program or that he has failed with home exercise. Additionally, there is no indication that the injured worker should be non-weight bearing. Furthermore, this request for 12 aquatic sessions exceeds the recommendations of the guidelines, therefore, the request for aqua therapy 3x a week for 4 weeks for the low back and right hip is determined to not be medically necessary.