

Case Number:	CM15-0202154		
Date Assigned:	10/19/2015	Date of Injury:	07/30/2013
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 7-30-13. The injured worker was diagnosed as having lumbar sprain, rule out lumbar disc displacement and rule out radicular symptoms. Subjective findings (3-10-15, 7-6-15, and 8-18-15) indicated low back pain that radiates down her legs. Objective findings (7-6-15, 8-18-15) revealed active trigger points from L2-L5, a positive straight leg raise test and normal sensation to the lower extremities. As of the PR2 dated 9-17-15, the injured worker reported shocking pain in the left leg to mid hamstring and low back pain. Objective findings include a positive straight leg raise test and active trigger points at L3-L5 and S1. Treatment to date has included chiropractic treatments x at least 7 sessions, acupuncture x 6 sessions, an EMG-NCS of the bilateral lower extremities on 3-20-15 showing "findings are consistent with lumbosacral plexitis", Baclofen, Lyrica and Mobic. The Utilization Review dated 9-30-15, non-certified the request for pain management-PM&R consultation with specialist for lumbar spine and aquatic therapy for the lumbar spine x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management/ PM&R consultation with specialist for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in July 2013 when he was cleaning a floor and lifted a heavy bucket of water and felt a pop in the left low back with a hot sensation. He continues to be treated for low back pain. Electrodiagnostic testing in March 2015 showed findings of either radiculitis or lumbar plexitis. When seen, he had low back pain with shocking pain in the left leg to the mid hamstring. Symptoms were slowly increasing. Physical examination findings included lumbar tenderness and trigger points were present. Kemp's testing was positive. Left straight leg raising was positive. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition has left sciatic symptoms with positive electrodiagnostic testing. A steroid injection or other treatment might be an option in the claimant's care. Requesting a referral to pain management is appropriate and medically necessary.

Aquatic therapy, lumbar spine, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in July 2013 when he was cleaning a floor and lifted a heavy bucket of water and felt a pop in the left low back with a hot sensation. He continues to be treated for low back pain. Electrodiagnostic testing in March 2015 showed findings of either radiculitis or lumbar plexitis. When seen, he had low back pain with shocking pain in the left leg to the mid hamstring. Symptoms were slowly increasing. Physical examination findings included lumbar tenderness and trigger points were present. Kemp's testing was positive. Left straight leg raising was positive. His body mass index is nearly 29. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.