

<b>Case Number:</b>	CM15-0026958		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 69 year old female, who sustained an industrial injury on 1/17/07. She has reported bilateral knee, left elbow and back pain related to a slip and fall. The diagnoses have included lumbar radiculopathy, left epicondylitis and status post left knee revision 2011. Treatment to date has included lumbar MRI in 12/2013 and oral medications. As of the PR2 dated 12/4/14, the injured worker reports persistent 6/10 bilateral knee pain. She recently had a flare up of pain in the lumbar spine after lifting a heavy object. The treating physician requested an x-ray of the lumbar spine, TENs unit x 1 month trial and aqua therapy 3 x week for 5-6 weeks for bilateral knees, low back and hip. On 1/9/15 Utilization Review non-certified a request for an x-ray of the lumbar spine and modified a request for aqua therapy 3 x week for 5-6 weeks for bilateral knees, low back and hip to aqua therapy 3 x week for 3 weeks for bilateral knees, low back and hip. The Utilization Review certified the TENs unit x 1 month trial. The utilization review physician cited the MTUS guidelines for aquatic therapy and the ACOEM guidelines for x-rays. On 2/10/15, the injured worker submitted an application for IMR for review of an x-ray of the lumbar spine, TENs unit x 1 month trial and aqua therapy 3 x week for 5-6 weeks for bilateral knees, low back and hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Radiography.

**Decision rationale:** This patient presents with bilateral knee and low back pain. The current request is for x-ray of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." Official Disability Guidelines under the low back chapter does not recommend routine x-rays in the absence of red flags for serious spinal pathology, even if pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurological impairments or symptoms including a serious or specific underlying condition or if they are candidates for invasive interventions. Official Disability Guidelines further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurological deficit. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Examination findings for progress report dated 10/30/2014 revealed lumbar paraspinal muscle, antalgic gait, tenderness to palpation of the lumbar spine and facet joints. The treating physician is requesting an x-ray of the lumbar spine to rule out underlying gross abnormality. Review of the medical file indicates the patient underwent an MRI of the lumbar spine on 12/05/2013 which showed paracentral disk protrusion at L5-S1 with no moderate disk desiccation. In this case, the patient does not present with serious spinal injury, neurological deficit and trauma, or suspected fracture to warrant x-ray of the lumbar spine. The requested x-ray is not medically necessary.

**Aquatic therapy 3 x 5-6 for the low back, bilateral knee and hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

**Decision rationale:** This patient presents with bilateral knee and low back pain. The patient is status post right knee replacement surgery in November 2005. The current request is for aquatic therapy 3 x 5-6 for the low back, bilateral knee, and hip pain. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aquatic therapy has the following, "Recommended as an optional form of exercise therapy, where available, as an alternative to

land-based physical therapy. Aquatic therapy and swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for extreme obesity." For recommendation on number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. Examination findings documented on progress report dated 10/30/2014 revealed tenderness in the bilateral knee joint line, bilateral knee flexion is limited to 90 degrees with associated pain and discomfort and bilateral knee extension, and flexion strength is 4/5 associated with discomfort. The treating physician states that the patient cannot tolerate land-based exercises following his knee surgery. Aquatic therapy was recommended to improve the patient's range of motion and decrease pain. The medical file provided for review provides no documentation of prior aquatic therapy. This appears to be an initial request. Given the patient's continued low back, hip, and bilateral knee complaints and the treating physician's statement that the patient is unable to tolerate land-based therapy, a course of 9 to 10 aquatic therapy sessions may be indicated. The treating physician's request for 15 to 18 initial sessions exceeds what is recommended by MTUS. This request is not medically necessary.