

Case Number:	CM15-0213557		
Date Assigned:	11/03/2015	Date of Injury:	11/12/2013
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46-year-old female who sustained an industrial injury on 11/12/13, relative to a motor vehicle accident. Injuries were reported to the head, neck, left shoulder, low back, and left knee. Records indicated that the 1/7/14 lumbar spine MRI showed a 5 mm disc herniation at L5/S1 with an annular tear. The 1/7/14 cervical spine MRI reportedly showed a slight broad right apical curvature and loss of lordosis. At C6/7, there was 3-4 mm disc protrusions with moderately severe left and moderate right neuroforaminal stenosis and central stenosis. The 5/7/14 brain MRI identified an encephalocele. The 11/3/14 upper extremity and 4/20/15 upper extremity EMG/NCV studies were reported as normal. The 5/20/15 chart note documented the injured worker's body mass index as 30.47. The 6/12/15 neurologic report documented a diagnosis of status post mild concussion, post-concussion syndrome consisting of recurrent migraine headaches, cognitive impairment, left hearing loss and tinnitus, and blurry vision, and uncontrolled depression and anxiety. Records documented that she was certified for 6 visits of vestibular therapy on 7/7/15. The 10/16/15 treating physician report cited neck, back and bilateral knee pain. Low back pain was grade 7/10 and aggravated with prolonged sitting and walking. Neck pain was unchanged at grade 4/10. Knee pain was grade 4/10 with worsening numbness and stiffness in her toes. She was seeing a neurologist for migraines which occurred 12-15 times per month. The neurologist was requesting Botox injections for migraines. She was doing a home exercise program and using an elliptical. She did a few sessions of pool exercise on her own with some benefit. Medications included Naprosyn, Nortriptyline, and Sumatriptan. Cervical spine exam documented range of motion as flexion 40, extension 30, lateral rotation

10/40, and low back 10/25 degrees, all with discomfort. There were trapezius spasms and trigger points, and decreased sensation in the left radial forearm and 1st-3rd digits. Upper extremity deep tendon reflexes were 2+ and symmetrical. Lumbar spine exam documented flexion 60, extension 10, lateral flexion 15/20, and lateral rotation 30/30 degrees. Straight leg raise was negative. There was patchy numbness over the left lateral calf and foot. Lower extremity deep tendon reflexes were 2+ and symmetrical. The diagnosis included cervical disc herniation, canal stenosis, and degenerative disc disease, lumbar disc herniation and degenerative disc and joint disease, lumbar knee chondromalacia and internal derangement, and chronic pain syndrome. The treatment pain recommended continued home exercise program. The injured worker did very well with acupuncture but additional sessions had been denied. She had difficulty tolerating land-based physical therapy due to pain, migraines and vertigo. Authorization was requested for 8 sessions of pool therapy and consultation with an orthopedic spine specialist for opinion regarding cervical and lumbar surgery. The 10/27/15 utilization review non-certified the request for 8 sessions of pool therapy as there was no documentation noting that the injured worker could not perform home exercise or had a condition requiring reduced weight bearing. Additionally, past physical therapy results were not documented. The request for consultation with an orthopedic spine specialist for opinion regarding cervical and lumbar surgery as there was no documentation of any structural pathology to support an orthopedic consultation at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 8 sessions: 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.

Decision rationale: The Medical Treatment Utilization Schedule guidelines support the use of aquatic therapy as an optional form of exercise therapy, 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. The physical medicine recommendations are used as a guideline for the number of supervised visits and would generally support 8 to 10 visits. Guidelines indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guidelines recommend that all therapies be focused on the goal of functional restoration rather than merely the elimination of pain. Guideline criteria have not been met. This injured worker presents with neck, back, and bilateral knee pain. Clinical exam documented loss of cervical and lumbar range of motion, muscle spasms/tenderness, and sensory loss consistent with imaging evidence of C6/7 and L5/S1 disc herniation. There is documentation that the injured worker is performing a home exercise program and using an elliptical unit. There is no documentation in the available records of a failed attempt at land-based therapy or co-morbidities precluding participation in land-based exercise. There is no

deficit functional deficit or functional treatment goal to be addressed by physical therapy. There was no compelling rationale to support the medical necessity of supervised physical therapy exercise over an independent home exercise program. Therefore, this request is not medically necessary.

Consultation with Ortho spine specialist for opinion regarding C/S & L/S surgery:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Independent Medical Examination and Consultation.

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

Decision rationale: The California MTUS guidelines state that referral for surgical consultation relative to the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, with activity limitation for more than one month or with extreme progression of symptoms, and unresolved radicular symptoms after receiving conservative treatment. Guidelines typically require clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guidelines state that referral for surgical consultation relative to the lumbar spine is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been met. This injured worker presents with neck and back pain with no documentation of radicular pain in the upper or lower extremities. Clinical exam findings documented sensory loss consistent with reported imaging evidence of C6/7 and L5/S1 disc herniations. Multiple neurologic consults are noted in the records. Therefore, this request is medically necessary at this time.