

Case Number:	CM15-0080835		
Date Assigned:	05/01/2015	Date of Injury:	04/02/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Illinois
 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:

This 53-year-old woman sustained an industrial injury on 4/2/2013. The mechanism of injury is not detailed. Diagnoses include lumbar sprain with spasms. Treatment has included oral and topical medications and TENS unit. Physician notes on a PR-2 dated 4/9/2015 show complaints of constant lumbar spine pain rated 7/10 and noted to be unchanged. Recommendations include physical therapy, lumbar spine x-ray, electromyogram/nerve conduction study of the lumbar spine and bilateral lower extremities, continue current medication regimen, aquatic therapy, continue TENS unit use, lumbar spine MRI, urine drug screening, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

Decision rationale: The injured worker sustained a work related injury on 4/2/2013. The medical records provided indicate the diagnosis of lumbar sprain with spasms. Treatment has included oral and topical medications and TENS unit. The medical records provided for review do not indicate a medical necessity for Aquatic therapy 18 sessions. Aquatic therapy is an optional form of physical therapy when land based physical therapy cannot be done. The MTUS recommends the guidelines follow the physical medicine guidelines. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less) for a total of 10 visits, plus active self-directed home Physical Medicine. Therefore, the requested treatment exceeds the maximum recommended and is not medically necessary.

Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 4/2/2013. The medical records provided indicate the diagnosis of lumbar sprain with spasms. Treatment has included oral and topical medications and TENS unit. The medical records provided for review do not indicate a medical necessity for Magnetic Resonance Imaging (MRI) lumbar spine. The medical records reviewed indicate the injured worker had an MRI in 2013; since then there has not been progressively worsening neurological deficit. The MTUS recommends against over reliance on imaging in order to avoid false diagnostic confusion. The Official Disability Guidelines recommends against repeat MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Therefore, the request is not medically necessary.