

Case Number:	CM14-0117301		
Date Assigned:	08/06/2014	Date of Injury:	07/18/2011
Decision Date:	10/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 07/19/2011. The patient's primary diagnosis is cervical disc displacement. The date of the original utilization review under appeal is 06/26/2014. The initial physician review discusses a physician note of 06/18/2014; that note is not available at this time in the medical records. The initial physician review discusses an evaluation by the patient's physician on 06/18/2014 when the patient went with significant low back pain. The reviewer noted that the medical records did not support a rationale requiring an aquatic environment for exercise and that the medical records did not document neurological deficits to support the need for a repeat EMG since a prior study, which had shown a right S1 radiculopathy 02/12/2013. The treating physician also noted that the medical records did not discuss details of a prior MRI report of February 2013, and thus it was not possible to support an indication for repeating this study. An office note that is available in the current records included initial primary treating physician's report and request for authorization of 04/22/2014. That physician discussed the patient's complaints of continuous pain in the lower back traveling to the legs with associated weakness and numbness and episodes of coughing and sneezing. The report does not specifically discuss changes in the patient's neurological exam. The treating physician requested approval for aquatic therapy and also requested electrodiagnostic studies and an MRI, given the patient's ongoing symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3x4 for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to active, independent home rehabilitation. The medical records do not provide a rationale at this time as to why the patient would require additional supervised therapy or why the patient would require aquatic, rather than land-based, therapy. This request is not medically necessary.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision), pp 710-711

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

Decision rationale: ACOEM guidelines, Chapter 12, Low back, page 303, recommends electromyography in order to identify subtle signs of focal neurological dysfunction in patients with lower extremity symptoms lasting more than 3 or 4 weeks. In this case the patient has undergone prior electrodiagnostic evaluation; it is not clear why a repeat electrodiagnostic study has been requested. Moreover, implicit in the guideline for electrodiagnostic studies is that such studies should be obtained as part of assessment of a specific differential diagnosis. The medical records do not clearly provide a rationale or indication at this time, in terms of the differential diagnosis or other specific clinical reasoning to support electrodiagnostic studies. This request is not medically necessary.

MRI lower back: 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 Chapter, MRIs (magnetic resonance imaging) Indications for imaging --Magnetic resonance imaging:

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM guidelines, Chapter 12, Low back, page 309, recommends MRI imaging when red flag items, such as cauda equina syndrome, or fracture, or tumor, or infection are strongly suspected. The medical records do not discuss the differential diagnosis to include such red flag findings. Moreover, this patient has previously undergone MRI imaging of the

lumbar spine, and the records do not clearly discuss any change in the neurological examination which would change the differential diagnosis since the prior MRI of the lumbar spine. For these multiple reasons, request for MRI of the lumbar spine is not supported by the medical records or treatment guidelines. This request is not medically necessary.