

Case Number:	CM14-0128270		
Date Assigned:	09/05/2014	Date of Injury:	01/07/1998
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 injured worker is a 74-year-old female who reported an injury on 01/07/1998 due to an unspecified mechanism of injury. The injured worker had a history of lower back pain. The diagnoses included lumbar radiculitis and lumbar disc bulge at the L2-3 and L5 with nerve root impingement. The injured worker's past treatments included a lumbar steroid injection with 60% relief to the lower back and 75% relief in the legs. The medication decreased 100%, and functional ability increased moderately with increased activity level, sitting tolerance to 90 minutes, an increase to 8 blocks of ambulation, with an increase in sleep. The objective findings dated 02/14/2014 indicated range of motion had improved, there was a negative straight leg raise, strength difficult heel to toe, and sensation was decreased in the right leg at the L5 distribution. The treatment plan included a home exercise program and an epidural steroid injection. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy; eight (8) sessions (2x4): Upheld

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

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

Decision rationale: The request for pool therapy; eight (8) sessions (2x4) is not medically necessary. The California MTUS recommend as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains.

Chiropractic; eight (8) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for Chiropractic; eight (8) visits is not medically necessary. The California MTUS indicate that Manual therapy is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - is not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The injured worker received injections that have reduced the level by 50 % and eliminated his medication by 100 %. The injury was in 1998 and the documentation was not evident if the injured worker has had prior Chiropractic therapy and the outcome of the therapy. The guidelines indicate that chiropractic therapy is not medically necessary. As such, the request is not medically necessary.

EMG/NCS, Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

Decision rationale: The request for EMG/NCS, bilateral lower extremities is not medically necessary. The California MTUS/ACOEM indicate that there is minimal justification for performing the nerve conduction study. The electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. As such, the request is not medically necessary.