

<b>Case Number:</b>	CM14-0137262		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/12/1988
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 58-year-old male who reported an injury on 01/12/1988 after a wooden wall fell hitting him on the head and knocking him down into a seated position. The injured worker complained of head, neck and lower back pain with diagnoses of musculoligamentous strain of the lumbosacral spine and musculoligamentous strain of the cervical spine. The diagnostic studies included an x-ray and multiple MRIs of the thoracic, lumbar and cervical region. The past treatments included acupuncture, physical therapy, injections, and medications. The physical examination dated 05/14/2014 revealed tenderness to the lumbar interscapular and cervical spine, decreased sensation in the dermatomal distribution and the upper and lower extremities. There was tenderness at bilateral wrists and pain with movement. There was bilateral ankle tenderness with swelling and movement; otherwise, unchanged. The injured worker ambulated with an assistance of a cane. Medications included Fibrolate 200 mg, Hydrochlorothiazide 525 mg, Butrans patch 15 mcg, Pantoprazole 20 mg. No visual analog scale (VAS) was provided. The treatment plan included cold therapy unit, a lumbar brace, a Functional Capacity Evaluation, MRI of the cervical, thoracic and lumbar spine, and 12 visits of aquatic therapy. The request for authorization for the cold therapy unit and the lumbar brace was submitted on 09/05/2014; no other request was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Complaints, Continuous-flow cryotherapy

**Decision rationale:** The request for 1 cold therapy unit is not medically necessary. The California MTUS and ACOEM do not address. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The clinical notes indicate that the injured worker's injury was in 1988 and has not sustained any new acute injuries. Per the guidelines, the cold therapy unit is recommended for acute injuries. As such, the request is not medically necessary.

### **1 Lumbar Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for 1 lumbar brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The guidelines indicate that the lumbar supports have not shown to have any lasting effects beyond the acute phase to relieve symptoms. As such, the request is not medically necessary.

### **1 Formal Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32.

**Decision rationale:** The request for 1 formal Functional Capacity Evaluation is not medically necessary. The California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has significant loss of ability to function

independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical notes indicate that the injured worker had attempted vocational rehabilitation in the past and had been deemed untreatable. The injured worker participated in a vocational; rehabilitation and was deemed untrainable. As such, the request is not medically necessary.

**MRI Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. The injured worker has had several cervical MRIs dating 2001, 2005, 2007 and has had no new injuries. There was no evidence of tissue or neurological dysfunction. As a result, the MRI is not medically necessary.

**MRI Thoracic Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the thoracic spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. The documentation indicated that the injured worker had a MRI of the thoracic spine dated 04/16/2008 that revealed subdual disc bulging measuring 2.0. The physical examination did not reveal any definitive neurological findings. As such, the request is not medically necessary.

**MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue. The injured worker had an MRI dated 04/16/2008 that revealed mild spinal canal narrowing at the L5-S1 with a mild degenerative disc disease. The clinical notes do not indicate any tissue insult or nerve impairment based on the physical examination. As such, the request is not medically necessary.

**12 Aquatic Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

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

**Decision rationale:** The request for 12 aquatic therapy visits is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The documentation indicated that physical therapy was of no benefit to the injured worker nor was the acupuncture. Therapies were of no value to the injured worker. The aquatic therapy is an option form of exercise therapy that is indicated to assist with weight reduction. As such, the request is not medically necessary.