

<b>Case Number:</b>	CM14-0161976		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of July 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a lumbar fusion surgery; subsequent revision surgery; a spinal cord stimulator; sacroiliac joint injection therapy; opioid therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy, denied a request for MRI imaging of the lumbar spine, and denied a request for MRI imaging of the hip. The claim administrator did not incorporate cited MTUS or non-MTUS Guidelines into its decision rationale for any of the topics. The claim administrator stated that aquatic therapy would not be beneficial in light of the fact that the applicant was using opioids. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the left leg. The applicant also reported a popping sensation about the hip. Tenderness was noted about the L1-L2 segment adjacent to the applicant's lumbar fusion. Limited lumbar range of motion was noted with no obvious focal motor or sensory deficits. Twelve sessions of aquatic therapy, MRI imaging of the lumbar spine, and MRI imaging of the hip were sought. It was stated that this should be done in an effort to evaluate whether the applicant had symptoms emanating from the left hip and/or versus the lumbar spine. The applicant was asked to continue permanent work restrictions. It did not appear that the applicant was working with the same in place. In a July 16, 2014 progress note, the applicant was given a prescription for Voltaren gel. Twelve sessions of aquatic therapy were sought. The applicant was asked to continue permanent work restriction. It was stated that the applicant was not a candidate for any kind of surgical intervention.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Aquatic Therapy Sessions: 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 Aquatic Therapy topic Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was no mention of the applicant's having any profound gait derangement issues. There was no mention of reduced weight bearing being desirable here. It is further noted that the applicant has already had earlier aquatic therapy, despite the tepid MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through earlier aquatic therapy. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.

### **Magnetic Resonance Imaging of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 309.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery, as has transpired here, ACOEM qualifies its recommendation by noting in Chapter 12, page 304 that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being considered. In this case, however, the attending provider has himself acknowledged that the applicant is not a candidate for further surgical intervention involving either the lumbar spine or the hip. Therefore, the request is not medically necessary.

### **Magnetic Resonance Imaging of the Left Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Update 03/25/2014 MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hip and Groin Summary of Recommendations Evaluation and Diagnostic Issues

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter do acknowledge that MRI imaging is "particularly helpful" for issues involving osteonecrosis, femoral acetabular impingement, gluteus medius tendinosis or tears, and/or trochanteric bursitis, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. Rather, it appears that the attending provider was intent on performing the hip MRI imaging in question for academic purposes, in an effort to determine the relative amounts of anatomic pathology involving the low back and hip. This is not an ACOEM-endorsed role for the same, particularly, in light of the fact that the attending provider stated that the applicant was not considering or completing any kind of surgical intervention involving either the hip or the low back. Therefore, the request is not medically necessary.