

<b>Case Number:</b>	CM15-0015761		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 40 year old male who sustained an industrial injury on 11/28/07. The injured worker reported symptoms in the spine and upper extremities. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe, moderate right carpal tunnel syndrome and mild right L5 radiculopathy. Treatments to date include oral medications, physical therapy, trigger point injections. In a progress note dated 12/1/14 the treating provider reports the injured worker was with "constant intractable upper and lower back pain as well as frequent pain and numbness in his left leg." On 1/13/15 Utilization Review non-certified the request for Surgical Decompression at L5-S1 and Aquatic Therapy 2 times a week for 6 weeks for daily swimming pool exercise to Lumbar Spine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Decompression at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305, 306.

**Decision rationale:** MRI scan of the lumbosacral spine dated 6/25/2014 revealed dehiscence of the nucleus pulposus at L5-S1 with 6 mm posterior extrusion of the nucleus indenting the anterior portion of the thecal sac causing moderate compromise of the AP sagittal diameter of the lumbosacral canal in the midline sagittal plane. Minimal bony hypertrophy of the articular facets, normal ligamentum flavum, neural foramina were patent. Lateral recesses were clear. No nerve root compression was documented. Per examination notes of 1/5/2015 he was experiencing headaches, neck pain that varied from 6-8/10 and constant intractable upper and lower back pain. He was experiencing frequent pain and numbness in his hands as well as frequent pain and numbness in bilateral lower extremities. He reported 50% improvement from trigger point injections and 60-80% improvement in pain and inability to function with medications. On examination range of motion of the cervical and lumbar spine was slightly to moderately restricted in all planes. Neck compression test was positive. Multiple trigger points were noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. He was ambulating with a cane. He could not perform heel-toe gait well with the left foot/leg but was able to do so with the right foot/leg. Sensation to fine touch and pinprick was decreased in almost all digits of both hands and the lateral aspect of the left calf. Grip strength was decreased in the right and left hand at +4/5. Brachioradialis and biceps jerks were both absent bilaterally. The diagnosis was chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe, moderate right carpal tunnel syndrome, and mild right L5 radiculopathy. The treatment plan included an urgent evaluation for surgery for the lumbar spine, authorization to undergo surgical decompression at L5-S1 level, Flexeril 10 mg 1 by mouth twice a day #60 and Norco 10/325 one tab by mouth every 4 hours #180. Electrodiagnostic report dated 5/19/2014 is noted. The impression was abnormal electromyography study findings revealing electrophysiological evidence of mild right L5 radiculopathy and no electrophysiological evidence of radiculopathy noted in the left leg. The nerve conduction study was normal. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. No objective findings are documented on examination. Surgical considerations are indicated for activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The documentation indicates generalized pain in the cervical, thoracic, and lumbar area. MRI scans of the cervical and thoracic spine were negative. The MRI scan of the lumbar spine revealed a midline herniation at L5-S1 with no documentation of impingement on the nerve roots. Physical examination did not reveal any objective findings. There is no clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgery. The electrophysiological study revealed evidence of mild radiculopathy on the right side and normal findings on the left side. The clinical picture is that of numbness on the lateral aspect of the left lower leg and weakness with heel/toe gait on the left. There is no corroboration of the clinical findings, imaging findings, and electrophysiologic findings. As such, the request for

decompression at L5-S1 is not supported by guidelines, and the medical necessity of the request is not substantiated.

**Aqua Therapy 2 times a week for 6 weeks for daily swimming pool exercise to Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; Aquatic Therapy, page 22

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

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weightbearing is desirable, for example extreme obesity. The documentation submitted does not indicate the presence of obesity. Based upon guidelines aquatic therapy is not medically necessary. With regard to land based physical therapy, the chronic pain physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. For myalgia and myositis, unspecified, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis and radiculitis, unspecified, 8-10 visits over 4 weeks are recommended. The requested 2x6 physical therapy visits exceed the guidelines and as such, the medical necessity is not established.