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| <b>Case Number:</b>   | CM15-0121716 |                              |            |
| <b>Date Assigned:</b> | 07/02/2015   | <b>Date of Injury:</b>       | 12/11/2013 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on December 11, 2013. He reported an injury to his bilateral knees with increasing symptoms involving his low back and bilateral hips. Treatment to date has included MRI of the bilateral knees, work restrictions, and over-the-counter medications. Currently, the injured worker complains of low back pain with radiation of pain to the right lower extremity, bilateral hip pain and bilateral knee pain. On physical examination the injured worker has muscle guarding, spasm, and tenderness to palpation over the thoracic spine and lumbar spine. He has a positive straight leg raise test on the right. He has tenderness to palpation over the bilateral greater trochanteric regions and anterior hip capsules. Passive range of motion of the bilateral hips reveals crepitation and axial loading test causes pain. He has tenderness to palpation over the medial joint lines, lateral joint lines and peripatellar regions of the bilateral knees. There are bilateral positive compression test and grind tests. Passive range of motion reveals bilateral patellofemoral crepitus. Imaging of the lumbar spine, bilateral knees and bilateral hips were performed on May 13, 2015. Imaging of the lumbar spine revealed moderate decreased disc height at L5-S1 with a grade 1 anterolisthesis of L5-S1 and mild spondylosis at L3-L5, imaging of the bilateral hips revealed moderate to severe degenerative joint disease. The diagnoses associated with the request include thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis and bilateral hip sprain with resultant greater trochanteric bursitis and bilateral degenerative joint disease; and bilateral knee sprain with resultant patellofemoral arthralgia and probable internal derangement, left knee degenerative joint disease. The treatment

plan includes aquatic therapy, MRI of the lumbar spine, home inferential/electrical muscle stimulation unit, review of prior medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic Therapy, 8 sessions:** Upheld

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

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

**Decision rationale:** This patient presents complaints of back, knee and hip pain. The current request is for Aquatic Therapy, 8 sessions. The RFA is dated 05/18/15. Treatment to date has included MRI of the bilateral knees, work restrictions, and over-the-counter medications. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect 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". MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. According to initial report dated 05/13/15, the patient complains of low back pain with radiation of pain to the right lower extremity, bilateral hip pain and bilateral knee pain. On physical examination, muscle guarding, spasm, and tenderness to palpation over the thoracic spine and lumbar spine was noted. He has positive straight leg raise test on the right, tenderness to palpation over the bilateral greater trochanteric regions and anterior hip capsules, passive range of motion of the bilateral hips and axial loading test causes pain. The patient's past medical treatments are not fully discussed in the 34 page medical file provided for review. It is unclear if prior land based or aquatic therapy has been tried. In any case, MTUS allows for a trial of aquatic therapy specifically for patients that require weight reduced exercises or present with extreme obesity. In this case, the treater recommended aquatic therapy with rehabilitation exercises 2x4 for "improving range of motion, decreasing pain and spasm, avoiding surgical procedure, and decreasing medication usage". There is no evidence of the patient requiring reduced weight exercises or extreme obesity. This request is not medically necessary.

**MRI Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer 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).

**Decision rationale:** This patient presents complaints of back, knee and hip pain. The current request is for MRI Lumbar Spine. The RFA is dated 05/18/15. Treatment to date has included MRI of the bilateral knees, work restrictions, and over-the-counter medications. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". According to initial report dated 05/13/15, the patient complains of low back pain with radiation of pain to the right lower extremity, bilateral hip pain and bilateral knee pain. On physical examination, muscle guarding, spasm, and tenderness to palpation over the thoracic spine and lumbar spine was noted. He has positive straight leg raise test on the right, tenderness to palpation over the bilateral greater trochanteric regions and anterior hip capsules, passive range of motion of the bilateral hips and axial loading test causes pain. The treater requests an MRI of the l-spine "to assess for herniated nucleus pulposus, discogenic pathology versus tenotic changes". Imaging of the lumbar spine, bilateral knees and bilateral hips were performed on May 13, 2015, prior to authorization. In this case, the patient continues with back pain radiating to lower extremities with a positive SLR. Review of provided medical records does not show a prior MRI of the lumbar spine. The request appears reasonable and within guideline indications. Therefore, the request is medically necessary.

**Interferential/Electrical Muscle Stimulation Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Electrical Muscle Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient presents complaints of back, knee and hip pain. The current request is for Interferential/Electrical Muscle Stimulation Unit. The RFA is dated 05/18/15. Treatment to date has included MRI of the bilateral knees, work restrictions, and over-the-counter medications. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice,

etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The treater recommends a "home interferential/electrical muscle stimulation unite with therapeutic goals of decreasing pain and spasm, increasing home exercise program and decreasing medication". The treater does not mention whether the request is for a rental or purchase and has not specified an appropriate duration of trial period. MTUS guidelines support the use of an IF unit only if proven effective during a 30 day trial period. Progress reports provided do not indicate that this patient has trialed an IF unit to date. In addition, there is no discussion that pain is not effectively controlled from medication use, no discussion regarding substance abuse, or post-operative pain for which MTUS supports a trial of IF units. The request is not medically necessary.

**Review Medical Records and narrative report:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** This patient presents complaints of back, knee and hip pain. The current request is for Review Medical Records and narrative report. The RFA is dated 05/18/15. Treatment to date has included MRI of the bilateral knees, work restrictions, and over-the-counter medications. The MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health". Evaluation of the patient via history taking, examination, review of the reports, and providing a narrative report are part of normal reporting and monitoring duties of a treating physician. Review of medical records and providing a report does not require a separate billing but part of a normal patient visitation. The treating physician is allowed and should perform these activities and the request is medically necessary.