

Case Number:	CM15-0126907		
Date Assigned:	07/13/2015	Date of Injury:	04/11/2014
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 39 year old male who sustained an industrial injury on 04/11/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, a walker, and back surgery. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include lumbago, displacement of lumbar intervertebral disc, and spinal stenosis of the lumbar region with neurogenic claudication. In a progress note dated 05/22/15 the treating provider reports the plan of care as a lumbar MRI and Percocet. The requested treatments include a lumbar spine MRI, unspecified surgery, and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye QTY: 1.00: 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): s 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when, "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the lumbar spine without dye, QTY: 1.00 is not medically necessary.

Aquatic therapy 5 sessions-due to limited benefits with land therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): s 22 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): s 22 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." Regarding the number of visits, MTUS states, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states, "Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided indicate this patient has a BMI greater than 35. Additionally, this patient has had a failure of weight bearing physical therapy, it is reasonable to trial aqua therapy at this time. As such, the current request for Aquatic therapy 5 sessions-due to limited benefits with land therapy is medically necessary at this time.