MAXIMUS Federal Services

Case Number:	CM15-0174626		
Date Assigned:	09/16/2015	Date of Injury:	07/24/2009
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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 57 year old female, who sustained an industrial injury on July 24, 2009. Medical records indicate that the injured worker is undergoing treatment for lumbar disc herniation with right lower extremity radiculopathy, cervical disc herniation, lumbar spine degenerative disc disease, medication induced gastritis and right wrist sprain-strain (resolved). The injured worker was noted to be permanent and stationary. The current work status was not identified. Current documentation dated August 18, 2015 notes that the injured worker reported debilitating and progressive low back pain which radiated down the right lower extremity to the foot and great toe. The injured worker noted a very difficult time with functioning and sleeping. Objective findings noted the injured worker to be in mild to moderate distress. Examination of the cervical spine and lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. Numerous palpable and tender trigger points were noted throughout the paraspinal muscles. Range of motion was decreased with obvious muscle guarding. Motor and sensation was decreased in the right lower extremity. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI of the lumbar spine and a home exercise program. Treatments tried and failed include physical therapy and epidural steroid injections (allergic reaction). The injured worker reported good benefit from prior aquatic therapy. The electrodiagnostic studies (7-29-2015) revealed acute right lumbar-five radiculopathy. The MRI of the lumbar spine (5-9-2011) showed lumbosacral disc protrusions with facet arthropathy bilaterally. Current medications include Anaprox, Prilosec, Ultracet, Terocin cream and Neurontin. Current requested treatments include one right ankle brace for

instability of the right ankle and aquatic therapy sessions # 12. The Utilization Review documentation dated August 27, 2015 non-certified the requests for one right ankle brace and aquatic therapy sessions # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right ankle brace: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker Compensation Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The patient presents with low back pain radiating down the right lower extremity to the dorsum of the foot and great toe. The request is for 1 Right ankle brace. Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally with increased muscle rigidity. Examination to the right foot revealed a mild right foot drop. Per 07/14/15 progress report, patient's diagnosis include cervical disc herniation, lumbar disc herniation with right lower extremity radiculopathy, medication induced gastritis, and right wrist sprain/strain, resolved. Patient's medications, per 05/19/15 progress report include Tramadol, Tizanidine, and compound cream. Patient is permanent and stationary. MTUS/ACOEM, Ankle and foot complaints Chapter 14, Physical methods Section, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, under Ankle chapter, bracing (immobilization) Topic, "not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended". In progress report dated 08/18/15, treater is requesting for an ankle brace for patient's instability in her right ankle to help her ambulate; the patient is using a cheap store bought one that does not fit. ODG Guidelines support the use of braces for patients with unstable joints. Given the patient's unstable ankle and foot drop condition, the request for an ankle brace for the right ankle appears to be reasonable and therefore, is medically necessary.

12 Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The patient presents with low back pain radiating down the right lower extremity to the dorsum of the foot and great toe. The request is for 12 Aquatic therapy sessions.

Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally with increased muscle rigidity. Examination to the right foot revealed a mild right foot drop. Per 07/14/15 progress report, patient's diagnosis include cervical disc herniation, lumbar disc herniation with right lower extremity radiculopathy, medication induced gastritis, and right wrist sprain/strain, resolved. Patient's medications, per 05/19/15 progress report include Tramadol, Tizanidine, and compound cream. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22, Aquatic Therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy, specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 08/18/15, it is stated that the patient reported good benefit from aerobic aqua therapy. It is not clear how many sessions of aquatic therapy the patient has completed to date. In this case, the treater has not discussed why additional therapy is needed. Furthermore, there is no mention as to why reduced weight bearing exercises are necessary and no extreme obesity is documented to warrant water therapy. Additionally, MTUS supports no more than 8-10 sessions of therapy and the requested 12 sessions exceeds what is allowed by MTUS. The request is not medically necessary.