

Case Number:	CM15-0091262		
Date Assigned:	05/15/2015	Date of Injury:	11/05/2014
Decision Date:	06/19/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old female patient who sustained an industrial injury on 11/05/2014. The accident is described as while she was working loading vehicles she slipped and twisted her back resulting in acute onset of back pain. She was seen and given NSAID, a course of physical therapy and placed off from work. A primary treating office visit dated 05/01/2015 reported the patient with subjective complaint of persistent low back pain that radiates to her right thigh and right buttock. The pain is described as a burning sensation. She underwent a magnetic resonance imaging study on 04/07/2015 of the lumbar spine that showed multi-level degenerative disc disease, a bulge at L1-L2, L3-4 and facet joint arthropathy. She is diagnosed with low back pain, lumbar degenerative disc disease, lumbar spondylosis, and unable to rule out a right L4 radiculopathy. The plan of care noted the patient to undergo electro nerve conduction study on lower extremities. Treatment modalities to include: rest, modified work duty, oral analgesia, anti-inflammatory agent, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 6 session, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 6 sessions lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. 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. Unsupervised pool use is not aquatic therapy. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; lumbar degenerative disc disease; lumbar spondylosis; and unable to rule out right L4 radiculopathy. The documentation shows the injured worker was authorized for prior physical therapy that "help". There is no documentation demonstrating objective functional improvement of fire physical therapy. There is no documentation indicating failed physical therapy. There is no documentation indicating failed land-based physical therapy. There is no documentation with a clinical indication or rationale for aquatic therapy. There is no documentation indicating reduced weight bearing is desirable. The injured worker has low back pain that radiates right thigh and right buttock. The VAS pain scale without medication is 7/10 and with medication 5/10. Objectively, there is no tenderness palpation. Consequently, absent clinical documentation with objective functional improvement (of prior physical therapy), evidence of failed land-based physical therapy and a clinical rationale for aquatic therapy with reduced weight-bearing, aquatic therapy 6 sessions lumbar spine is not medically necessary.

EMG/NCV bilateral lower extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient

evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are low back pain; lumbar degenerative disc disease; lumbar spondylosis; and unable to rule out right L4 radiculopathy. The documentation states the injured worker has low back pain that radiates to the right fine and right buttock. The VAS pain score is 7/10 without medication. The VAS pain score with medication is 5/10. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The motor and sensory examination is unremarkable. There is no clinical indication or rationale for a left lower extremity EMG/NCV in the absence of clinical symptoms and signs. Consequently, absent clinical documentation with a clinical indication /rationale for a left lower extremity EMG/NCV with no significant motor and sensory examination of the lower extremities, bilateral lower extremity EMG/NCV studies are not medically necessary.