

<b>Case Number:</b>	CM13-0015677		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	06/08/2001
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the Utilization review the injured worker is a 57 year old female who injured her back on June 8, 2001. The injured worker continued with neck and back pain. Diagnosis of the injured worker consisted of cervical sprain or strain, brachial neuritis or radiculitis, and thoracic sprain/strain. Treatment modalities included spinal manipulation, electric muscle stimulation, myofascial release, rehabilitative exercises, sacroiliac block, and various medications. Magnetic resonances imaging showed no compression fractures or destructive changes. Bone marrow was within visualized bony structures demonstrated relatively normal signal intensities except for changes secondary to chronic disc space disease at Lumbar 2-lumbar 3 level and disc desiccation at all levels. Progress notes dated November 18, 2013 noted the injured worker had been improving with treatment as shown through increased range of motion and decreased pain. On June 19, 2013 a request for authorization was made for aqua therapy, chiropractic care, DME, and Rhizotomy. Utilization review noted July 15, 2013 showed chiropractic care was denied due to not being recommended for maintenance care. DME; contoured wrist splints x 2 and thumb spica brace were certified for treatment. Referral to spine specialist for Rhizotomy was modified per the ACOEM guidelines. Aqua therapy was modified per the recommended treatment guidelines allowed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care one times ten:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The request is for 10 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 10 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Chiropractic care one times ten is not medically necessary.

**Referral to a spine specialist for rhizotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , 2nd Edition, 2004 Page 127

**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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

**Decision rationale:** According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, and facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. Referral to a specialist to proceed directly to rhizotomy is premature. referral to a spine specialist for rhizotomy is not medically necessary.

**Pool therapy two times five:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

**Decision rationale:** The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement from the previously authorized trial of aquatic therapy. POOL THERAPY TWO TIMES FIVE is not medically necessary.