

<b>Case Number:</b>	CM13-0049097		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 records made available for review, this is a 33-year-old female with a 2/21/12 date of injury. At the time of request for authorization for additional aquatic therapy and additional chiropractic, there is documentation of subjective (low back pain) and objective (decreased range of motion with pain and tenderness to palpation over the left PSIS (per 8/28/13 physical therapy progress note)) findings, current diagnosis (lumbar disc displacement), and treatment to date (15 physical therapy treatments; 20 chiropractic treatments that was beneficial in the past; and 7 of 8 aquatic therapy treatments (as of 9/27/13) which was helpful, with increased strength through her back and able to diminish use of her medications). Regarding aquatic therapy, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity) and objective improvement with previous treatment. Regarding chiropractic, there is documentation of 20 previous chiropractic treatments which exceeds guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy three times a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 and the Official Disability Guidelines (ODG).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that reduced weight bearing is desirable (such as extreme obesity) as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement. In addition, there is documentation of 7 of 8 aquatic therapy visits completed at the time of the 9/27/13 medical report which was helpful, with increased strength through her back and able to diminish use of her medications. However, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). In addition, despite documentation that previous aquatic therapy was helpful, with increased strength through her back and able to diminish use of her medications, there is no documentation of objective improvement with previous treatment. Furthermore, the additional 18 aquatic therapy treatments, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy three times a week for six weeks is not medically necessary.

**Seven sessions of chiropractic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement. In addition, there is documentation of 20 chiropractic treatments, which exceeds guidelines, functional deficits, and functional goal. Furthermore, despite documentation of chiropractic treatment being beneficial in the past, there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for 7 sessions of chiropractic is not medically necessary.

