

<b>Case Number:</b>	CM14-0013036		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 52-year-old female who reported an injury on 02/21/2007. The mechanism of injury was not provided in the documentation. Per the progress note dated 02/05/2014, the injured worker reported continued low back pain rated 7/10 to 8/10. The injured worker reported her desire to pursue laser spine surgery consultation. On physical examination, the injured worker was noted to have spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. Dyesthesia was noted to light touch at the right L5 dermatome. The injured worker had limited mobility in the lumbar spine secondary to pain. An MRI of the lumbar spine from 2012 showed significant progression of disc desiccation in disc height at L5-S1 with associated end plate degenerative changes. There was minimal left neural foraminal narrowing. The L5 nerve root closely approximates the disc protrusion far laterally at the L5-S1 level. EMG and nerve conduction studies performed in 2012 showed evidence of right S1 radiculopathy, subacute to chronic in nature, mild in severity, evidence of sensory polyneuropathy in the right lower extremity. X-ray of the lumbar spine from 2013 reported marked discogenic disease at L5-S1, mild at L4-5, but no acute bony abnormalities identified. The diagnoses reported for the injured worker included right sacroiliitis, possibility of right lumbar radiculopathy, myofascial pain, chronic low back pain, right hip pain, bilateral knee pain. The request for authorization for medical treatment for aquatic physical therapy and chiropractic sessions was dated 12/17/2013. The provider's rationale for the aquatic therapy was reported to be improvement in flexibility and strengthening. The provider's rationale for the chiropractic sessions was not provided in the documentation. Previous treatments for the injured worker were reported to be physical therapy, chiropractic and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT TO TWELVE (8-12) SESSIONS OF AQUATIC PHYSICAL THERAPY FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an option form of exercise therapy where available as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended for reduced weight-bearing as desirable, for example extreme obesity. Water exercise improves some components of health-related quality of life, balance, and stair-climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The physical medicine guidelines recommend for neuralgia, neuritis, and radiculitis, eight to ten (8 to 10) visits over four (4) weeks. In addition, they allow for fading of treatment frequency from up to three (3) visits to one (1) or less, plus active self-directed home physical medicine. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercise, such as decreased weight-bearing or obesity. There was a lack of objective clinical findings of orthopedic or neurologic deficiencies to support aquatic therapy. In addition, the request did not specify the time frame for the therapy. The injured worker has undergone prior physical therapy; however the number of sessions and efficacy was not provided to support additional sessions. Therefore, the request is not medically necessary.

**FOUR TO SIX (4-6) SESSIONS CHIROPRACTIC TREATMENT TO THE LOW BACK:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. the intended goal or effect of manual medicine is the achievement of positive symptomatic of objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manual therapy is recommended as an option for the low back. Therapeutic care begins with a trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, a total of up to eighteen (18) visits over six to eight (6 to 8) weeks may be recommended. Elective maintenance care is not medically necessary and recurrences/flare-ups need to be re-evaluated for treatment success. If return to work is achieved, then one (1) to two (2) visits every four to

six (4 to 6) months is recommended. Time to produce effect is four to six (4 to 6) treatments with a frequency of one to two (1 to 2) times per week the first two (2) weeks, as indicated by the severity of the condition. Treatment may continue at one (1) treatment per week for the next six (6) weeks for the maximum duration of eight (8) weeks. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with co-morbidities. Per the chiropractic note dated 07/20/2013, the injured worker had been attending chiropractic sessions. However, the number of previous visits and efficacy of those visits was not provided in the documentation. There was a lack of documentation regarding a home-based exercise program for the injured worker and her participation in that program. There was a lack of clinical findings regarding progressive deficits or complications of recovery that would indicate the need for chiropractic care. There was a lack of quantifiable data indicating functional improvement related to prior chiropractic sessions. In addition, the time frame for the requested visits was not provided. Therefore, the request is not medically necessary.