

Case Number:	CM14-0014218		
Date Assigned:	02/26/2014	Date of Injury:	12/07/1993
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 Therapy & 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 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 records made available for review, this is a 53-year-old female with a 12/7/93 date of injury. At the time (12/13/13) of the request for authorization for aquatic physical therapy and chiropractic care for the low back, there is documentation of subjective (low back pain, right greater than left, and bilateral leg pain, left greater than right) and objective (tenderness and trigger point pain over the right gluteal bursa and lumbosacral region) findings, current diagnoses (chronic low back pain and bilateral lower extremity radicular symptoms, left greater than right, secondary to multilevel lumbar spondylosis and degenerative disc disease, lumbar foraminal stenosis at L5-S1 and L4-5, status post five previous lumbar surgeries), and treatment to date (medication, orthotics, and chiropractic treatment). The number of chiropractic treatment sessions completed to date cannot be determined. Regarding aquatic physical therapy, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding chiropractic care for the low back, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY

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) Low Back, Aquatic therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 12 visits over 8 weeks in the management of radiculitis. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and bilateral lower extremity radicular symptoms, left greater than right, secondary to multilevel lumbar spondylosis and degenerative disc disease, lumbar foraminal stenosis at L5-S1 and L4-5, status post five previous lumbar surgeries. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of a specified frequency and duration. Therefore, based on guidelines and a review of the evidence, the request for aquatic physical therapy is not medically necessary.

CHIROPRACTIC CARE FOR THE LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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. Furthermore, MTUS identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and bilateral lower extremity radicular symptoms, left greater than right, secondary to multilevel lumbar spondylosis and degenerative disc disease, lumbar foraminal stenosis at L5-S1 and L4-5, status post five previous lumbar surgeries. In addition, there is documentation of treatment with previous chiropractic treatment. However, there is no documentation of the number of chiropractic treatment sessions completed to date. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous chiropractic care. Therefore, based on guidelines and a review of the evidence, the request for chiropractic care is not medically necessary.