

<b>Case Number:</b>	CM14-0119592		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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:

The patient is a 61 year old male who was injured on 10/26/1989 when he had sustaining injuries to his low back and neck. Prior medication history included Oxycontin, Norco, ibuprofen, Xanax, and Nexium. The patient has been treated with TENS unit in the past. Progress report dated 04/24/2014 states the patient reported utilizing a TENS unit but it was worn out and not working. He reported lumbar pain and sleeplessness. He noted his pain medications allow him to perform low levels of function. He is diagnosed with low back pain, cervical pain and chronic pain. He was recommended for the treatment listed below. 7/9/14 letter requested medications, aquatic therapy 3-4 times weekly, chiropractic care 3 times weekly and referral to a spinal surgeon. The request is for at least 6 months of uninterrupted medications and treatments. Prior utilization review dated 07/22/2014 by [REDACTED] states the request for Chiropractic Care three (3) times weekly; Aquatic Therapy three (3) to four (4) times weekly is denied as medical necessity has not been established as there is no indication warranting such request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care three (3) times weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** Guidelines indicate that manual therapy and manipulation are recommended for chronic pain of low back if caused by musculoskeletal condition. Therapeutic care should start with trial of 6 visits over 2 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. According to the 7/9/14 letter, 6 months of uninterrupted chiropractic care 3 times weekly is requested, which exceeded the guideline recommendations. Therefore, the request Chiropractic Care three (3) times weekly is not medically necessary and appropriate.

**Aquatic Therapy three (3) to four (4) times weekly:** 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 rationale:** Per CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based therapy to minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Documentation does not support the need for non-weight-bearing exercises. Therefore, the Aquatic Therapy three (3) to four (4) times weekly is not medically necessary and appropriate.