

<b>Case Number:</b>	CM14-0124727		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery 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 injured worker is a 49-year-old male with a reported date of injury on 05/27/2009. The mechanism of injury was reportedly caused by falling out of his chair at work. His diagnoses included cervical strain, degenerative disc disease of the cervical spine, multilevel disc herniation, radiculitis of the left upper extremity, bilateral shoulder impingement syndrome, bilateral shoulder AC joint synovitis, low back pain, herniated disc of the lumbar spine, and radiculitis left lower extremity, L4 nerve root distribution, as well as high cholesterol and high glucose. Previous surgeries included low back surgery in 1997. Previous imaging studies included a lumbar spine MRI, revealing L4-5 with herniated disc impression on the left. A cervical spine MRI revealed multi-disc level herniations and neural foraminal stenosis and degenerative disc disease. Previous conservative care included epidural steroid injections, physical therapy, chiropractic care, and myofascial relief. The clinical note dated 06/04/2014 indicated the patient stated therapy and acupuncture gave him functional improvement and pain relief, and noted marked relief with aqua therapy as well. Upon physical examination of lumbar spine, the injured worker presented with an antalgic gait, walking with cane, and positive tenderness in the paralumbar musculature. Motor testing was rated at 5/5 in all muscle groups of the lower extremities with deep tendon reflexes at 2+. The range of motion of the lumbar spine revealed flexion to 60 degrees, forward flexion to 60 degrees, extension to 30 degrees, and lateral tilt to the left to 30 degrees, lateral tilt to the right to 30 degrees, and rotation to 30 degrees bilaterally. In addition, the patient presented with negative straight leg raise bilaterally. The rationale for the request indicated the injured worker received relief from the requested therapies. The request for authorization for physical therapy with aqua x18 visits for the low back, acupuncture x18 visits for the low back, and myofascial relief x18 visits for the low back was submitted on 07/17/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy with Aqua x 18 visits for 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 Page(s): 22 & 29.

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. The guidelines recommend 8 to 10 visits over 4 weeks. The clinical information provided for review indicates the injured worker previously participated in aquatic therapy. There was a lack of documentation related to the functional and therapeutic benefit in the use of aquatic therapy. In addition, there was a lack of documentation related to the need to minimize the effects of gravity. The number of previous aquatic therapy visits is not provided within the documentation. The request for an additional 18 visits exceeds recommended guidelines. Therefore, the request for physical therapy with aqua x18 visits for low back is not medically necessary.

### **Acupuncture x18 visits for low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend frequency and duration of acupuncture and time to produce functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of VAS pain scale. The range of motion of the lumbar spine was noted to be within normal limits. In addition, the guidelines recommend 3 to 6 treatments as a time to produce functional improvement. The request for 18 visits exceeds recommended guidelines. Therefore, the request for acupuncture x18 visits for low back is not medically necessary. Therefore, the request for acupuncture x18 visits for low back is non-certified.

**Myofascial relief x18 visits for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains and functional improvement that facilitates a progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back a trial of 6 visits over 2 weeks, with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. According to the clinical information provided for review, the injured worker has previously participated in myofascial relief. The number of previous manual therapy and manipulation sessions was not provided within the documentation available for review. In addition, the clinical documentation indicates the injured worker's range of motion was within normal limits, and there was a lack of documentation related to the injured worker's pain utilizing a VAS pain scale. Furthermore, the request for 18 visits exceeds recommended guidelines. Therefore, the request for myofascial relief x18 visits for low back is not medically necessary.