

Case Number:	CM14-0143765		
Date Assigned:	09/12/2014	Date of Injury:	02/11/2014
Decision Date:	12/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 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:

This 57 year-old patient sustained an injury on 2/11/14 while employed by [REDACTED]. Request(s) under consideration include Additional chiropractic x 6 sessions and Pool therapy x 8 sessions. Diagnoses include thoracic/ lumbosacral neuritis/radiculitis; lumbar sprain/strain; lumbosacral degenerative disc; and lumbago. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Medications list Tramadol, Gabapentin, and Motrin. Report of 8/19/14 from the provider noted the patient with chronic constant low back and right leg pain. Exam of the lumbar spine showed muscle spasm, DTRs 2+, slight right leg weakness with decreased lumbar range of flex/ext./lateral bending of 45/10/10 (r) and 15 (lf) degrees. Diagnoses included lumbar strain/sprain. Treatment included continued chiropractic treatment, medication refills, walking exercises, and pool therapy. The request(s) for additional chiropractic x 6 sessions and pool therapy x 8 sessions were non-certified on 8/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: This 57 year-old patient sustained an injury on 2/11/14 while employed by [REDACTED]. Request(s) under consideration include Additional chiropractic x 6 sessions and Pool therapy x 8 sessions. Diagnoses include Thoracic/ lumbosacral neuritis/radiculitis; lumbar sprain/strain; lumbosacral degenerative disc; and lumbago. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Medications list Tramadol, Gabapentin, and Motrin. Report of 8/19/14 from the provider noted the patient with chronic constant low back and right leg pain. Exam of the lumbar spine showed muscle spasm, DTRs 2+, slight right leg weakness with decreased lumbar range of flex/ext./lateral bending of 45/10/10 (r) and 15 (lf) degrees. Diagnoses included lumbar strain/sprain. Treatment included continued chiropractic treatment, medication refills, walking exercises, and pool therapy. The request(s) for Additional chiropractic x 6 sessions and Pool therapy x 8 sessions were non-certified on 8/28/14. MTUS Guidelines supports chiropractic treatment for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received previous chiropractic sessions for this injury with unchanged symptom complaints and clinical findings with non-correlating myotomal or dermatomal neurological deficits. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADL or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Additional chiropractic x 6 sessions is not medically necessary and appropriate.

Pool therapy x 8 sessions: 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 Physical Therapy Page(s): 98-99.

Decision rationale: This 57 year-old patient sustained an injury on 2/11/14 while employed by [REDACTED]. Request(s) under consideration include Additional chiropractic x 6 sessions and Pool therapy x 8 sessions. Diagnoses include Thoracic/ lumbosacral neuritis/radiculitis; lumbar sprain/strain; lumbosacral degenerative disc; and lumbago. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Medications list Tramadol, Gabapentin, and Motrin. Report of 8/19/14 from the provider noted the patient with chronic constant low back and right leg pain. Exam of the lumbar spine showed muscle spasm, DTRs 2+, slight right leg weakness with decreased lumbar range of flex/ext./lateral bending of 45/10/10 (r) and 15 (lf) degrees. Diagnoses included lumbar strain/sprain. Treatment included continued chiropractic treatment, medication refills, walking

exercises, and pool therapy. The request(s) for Additional chiropractic x 6 sessions and Pool therapy x 8 sessions were non-certified on 8/28/14. Aquatic Therapy does not seem appropriate as the patient has received land-based chiropractic treatment. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of conservative treatment and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Pool therapy x 8 sessions is not medically necessary and appropriate.