

Case Number:	CM14-0158445		
Date Assigned:	10/01/2014	Date of Injury:	01/02/2013
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice and is licensed to practice in Ohio. 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 44-year-old female who slipped and fell at work on January 2 of 2013. She developed severe low back pain radiating to the left lower extremity. An MRI scan of the LS spine has revealed a large herniated disc at L5-S1 with degenerative disc disease. She has been treated with acupuncture, pain medication, and chiropractic care for 5 visits, without any significant functional or subjective improvement. Her physical exam reveals severely limited lumbar range of motion, tenderness to palpation and spasm of the lumbar paraspinal musculature, a positive straight leg raise test on the left and right, and normal lower extremity strength and reflexes. The consulting neurosurgeon on the case thought that a fusion surgery may be necessary but he recommended against it for a variety reasons. The consulting orthopedist and qualified medical examiner recommended for a fusion surgery. The diagnoses include herniated disc at L5-S1, degenerative disc disease, and radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Manipulation

Decision rationale: The ODG Chiropractic Guidelines for low back pain are as follows: Therapeutic care -Mild: up to 6 visits over 2 weeks; Severe:* Trial of 6 visits over 2 weeks; Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity. Generally, after one or 2 weeks, generally 6 visits, there should be objective functional improvement for therapy to continue as evidenced by: Work Functions and/or Activities of Daily Living, Self-Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.) Physical Impairments (e.g., joint range of motion (ROM), muscle flexibility, strength, or endurance deficits) Approach to Self-Care and Education (e.g., reduced reliance on other treatments, modalities, or medications, such as reduced use of painkillers) In this instance, there has been no objective functional improvement as a consequence of manipulation and therefore continued chiropractic sessions are medically unnecessary.

Aqua Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG; Low Back, Aqua-therapy.

Decision rationale: Aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. Water-based exercises produced better improvement in disability and quality of life of patients with chronic low back pain (CLBP) than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. In this instance, the injured worker is obese with a body mass index of 30. Additionally, she does not seem to be of the stand or sit long enough under ordinary circumstances to participate in active therapy otherwise. Therefore, Aqua Therapy 3 times a week for 4 weeks as previously noted on the request for authorization form is medically necessary.

2nd Opinion from a tertiary center: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-18. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Lumbar Fusion Surgery

Decision rationale: There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this circumstance, there's a difference of opinion regarding fusion surgery for this injured worker. The neurosurgeon is generally against it in the orthopedist is for it. However, it review the record reveals that there is been no recent participation in active rehabilitation, there is narcotic dependence, the disability has been present for more than 6 months. Therefore, fusion surgery is not indicated at this time for this injured worker for the above reasons per the ODG guidelines. That being said, the guidelines from the American College of Occupational and Environmental Medicine suggest that a discectomy or microdiscectomy may be appropriate. Therefore, given the worsening nature of the injured worker's symptoms, non-responsiveness to conservative therapy, and a difference of opinion so far from the surgical consultants regarding management, another opinion from a tertiary care center is medically necessary.