

Case Number:	CM14-0069165		
Date Assigned:	07/14/2014	Date of Injury:	04/11/2010
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Interventional Spine 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 31-year-old female with date of injury of 04/11/2011. The listed diagnoses per [REDACTED] dated 04/14/2014 are: Chronic pain syndrome, Depressive disorder, Degeneration of the lumbar or lumbosacral intervertebral disks, Thoracic or lumbosacral neuritis or radiculitis, Myalgia and myositis, Degeneration of the cervical intervertebral disk, Brachial neuritis or radiculitis, Cervical facet joint pain, and Lumbar facet joint pain. According to this report, the patient complains of neck, left arm, low back, and bilateral leg pain. The patient rates her pain 6/10 today and it averages out to be 4/10 to 8/10 since her last visit. The patient states that she greatly benefited from chiropractic care, medication regimen, activity restriction and rest. The patient utilizes Percocet 10/325 mg for pain. The physical examination shows moderate tenderness to palpation in the cervical spine and 35% reduction in range of motion in all planes. There is tenderness and tightness across the lumbosacral area with 50% restriction of flexion with negative extension. There is a positive left straight leg raise and some tenderness over the left medial elbow. There is hypoesthesia and dysesthesia in the left medial aspect of the forearm and also diffusely in the bilateral anterior aspects of the bilateral legs. There is hyper active left ankle reflex at 1- compared to 1+ on the right. The MRI of the lumbar spine dated 10/22/2010 revealed disk protrusion at L3-L4 with minimal spinal stenosis. The utilization review denied the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy six visits once a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chiropractic.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pages 58,59.

Decision rationale: This patient presents with neck, left arm, low back and bilateral leg pain. The treater is requesting 6 chiropractic therapy visits. The MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks is recommended. The progress report dated 03/11/2014 notes that a request for chiropractic treatment was approved for 6 visits. However, the 65 pages of records do not show any chiropractic treatment reports to verify how many treatments the patient has received to date and with what results. The UR notes that the patient has received some 9 chiropractic sessions thus far. The report dated 04/14/2014 documents, "she is benefiting greatly from chiropractic care and we will request 6 additional visits to continue her progressive increase of activity tolerance and maintain flexibility with anticipation that at some point in the next 1 to 2 months she will transition from weekly visits to biweekly or p.r.n. for flareups." In this case, the requested 6 sessions in addition to the previous 9 are within MTUS Guidelines. Recommendation is for authorization.

one month trial Aquatic club membership: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 22 on aquatic therapy and Physical Medicine MTUS pages 98,99.

Decision rationale: This patient presents with neck, left arm, low back, and bilateral leg pain. The treater is requesting a 1-month trial of aquatic club membership. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The progress report dated 04/14/2014 documents, "I will also request 2 visits of physical therapy with aqua therapy for her to develop a safe and effective pain reducing exercise routine, and for a 1-month trial membership to aqua therapy, pool facility so that she may continue aqua therapy.... If this is effective and well-utilized, we may request longer membership." In the same report, the treater notes that the requested aqua therapy is due to intolerance of land-based exercise, to reduce exacerbated low back pain and start flexibility and activity tolerance and strength and to develop a safe and effective self-directed exercise routine. ACOEM Guidelines page 309 recommends "low stress aerobic" exercises. ODG Guidelines under exercise for pain states that physical therapy and warm water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including 1 hour supervised water-based exercise sessions 3 times a week for 8 months was found to be cost-effective in terms of both health care cost and societal cost. In this case, the treater does document that land-based physical therapy has been proven ineffective and a trial of aquatic

therapy could be beneficial for the patient's chronic pain and since the patient does not have an access to a pool, a gym with a pool would be beneficial. Recommendation is for authorization.