

Case Number:	CM14-0203274		
Date Assigned:	12/16/2014	Date of Injury:	10/17/2002
Decision Date:	02/25/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 50-year-old female with a date of injury of 10/17/2002. According to progress report dated 10/23/2014, the patient presents with complaints of neck pain, mid-back pain, and left shoulder pain. Patient rates pain as 6/10 on the pain scale. Patient states that medications are helping, and reports no side effects. Treatment history includes physical therapy and acupuncture. The patient has completed 8 physical therapy sessions and she states that therapy provided "60% relief." On examination of the paravertebral muscles of the cervical spine, there was tenderness noted on both sides. Spinous process tenderness is noted on C3-C7. On sensory examination, light touch sensation is normal all over the body. There are multiple trigger points along the paravertebral musculature near the cervical and thoracic spine. The listed diagnoses are: 1. Myalgia, myositis. 2. Thoracic or thoracolumbar disk degeneration. 3. Sprain/strain of neck. 4. Sprain/strain of thoracic region. Treatment plan was for chiropractic treatment x8 sessions, aqua therapy x8 sessions, and x-ray of the lumbar spine, as the patient has worsening of low back pain with sitting and standing. The patient is working full- time without restrictions as of this date. The utilization review denied the request on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 visits, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for chiropractic therapy x8 visits, lumbar spine. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The medical file provided for review indicates the patient has participated in acupuncture and physical therapy sessions. There is no indication the patient has tried chiropractic treatments. Given the patient's continued neck and low back pain, an initial trial of 8 sessions is medically necessary.

Aqua Therapy x 8 visits, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for aqua therapy x8 visits, lumbar spine. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that would benefit from decrease weight-bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient underwent 8 physical therapy sessions between 06/24/2014 through 08/11/2014. It is unclear why the treating physician is requesting aquatic therapy at this time. The patient suffers from chronic neck and low back pain, and there is no discussion regarding weight-bearing restrictions. The requested aqua therapy is not medically necessary.

X-ray, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for x-ray, lumbar spine. Treating physician states an x-ray of the lower back is being

requested, as the patient has worsening of pain with sitting and standing. Utilization review denied the request stating that examination of the lumbar spine is absence of signs and symptoms that would require an imaging study. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The reason for this request was not provided. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested x-ray is not medically necessary.