

<b>Case Number:</b>	CM14-0208339		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for 12 sessions of manipulative therapy as six sessions of manipulative therapy, approved a request for electrodiagnostic testing of the lower extremities, denied Lidoderm patches, and denied aquatic therapy. The claims administrator referenced a September 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had had 20 sessions of conventional physical therapy, without relief. 9/10 pain was noted. The applicant reported pain with twisting, turning, lifting, bending, and other activities of daily living. The applicant exhibited multiple palpable tender points. The applicant drank sparingly, twice weekly, it was stated, and denied any personal history of diabetes or hypothyroidism. The applicant had no significant medical history, it was stated. 4/5 strength was noted on manual muscle testing, secondary to pain. The applicant apparently had lumbar MRI imaging of January 29, 2014 demonstrating multilevel disk bulges at L4-L5 and L5-S1 with associated thecal sac narrowing, lateral recess narrowing, and/or neuroforaminal narrowing. The applicant declined an epidural steroid injection. The applicant's gait was not clearly described or characterized. On October 13, 2014, the attending provider stated that the applicant had been receiving physical therapy and manipulative therapy thrice weekly. The applicant still reported 7-8/10 low back pain with associated radiation of pain to the thighs, legs, and bilateral lower

extremities. The applicant was off of work, it was acknowledged. Aquatic therapy was endorsed. The applicant was asked to continue current treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy for evaluation and treatment to the lumbar spine, two visits a week for six weeks:** 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.

**Decision rationale:** No, the request for aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, it does not appear that reduced weightbearing is, in fact, desirable. The applicant's gait and ambulatory status were not clearly described or characterized on several office visits, referenced above. It is not clear, in short, why the applicant cannot transition to land-based therapy and/or land-based home exercise. Therefore, the request was not medically necessary.

**Lidoderm 5%, one to two times per day every 12 hours with one refill #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** The request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no clear evidence of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication prior to selection, introduction, and/or ongoing usage of the Lidoderm patch at issue. Therefore, the request was not medically necessary.

**Chiropractic therapy lumbar spine two visits a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** Finally, the request for 12 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, suggesting that earlier manipulative therapy, including that described as having taken place on an office visit of October 13, 2014, was, in fact, unsuccessful. Therefore, the request was not medically necessary.