

Case Number:	CM15-0193075		
Date Assigned:	10/07/2015	Date of Injury:	03/03/2015
Decision Date:	12/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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: Family Practice

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 50 year old man sustained an industrial injury on 3-3-2015. Diagnoses include axial low back pain secondary to myofascial pain in the lumbar paraspinal muscles. Treatment has included oral and topical medications, home exercise program, and epidural steroid injections. Physician notes dated 8-27-2015 show complaints of lumbar spine pain rated 5 out of 10. The physical examination shows an antalgic gait, tenderness to palpation of the bilateral lumbar paraspinal muscles and positive facet loading bilaterally. Range of motion is noted to be forward flexion 40 degrees, extension 20 degrees, lateral flexion 20 degrees, lateral rotation 40 degrees, positive straight leg raise and decreased sensation in the L5 distribution, decreased sensation is also noted to the S1 dermatome and strength and reflexes are normal. Recommendations include Etodolac, Metaxalone, Tylenol, Lidocaine patches, continue home exercise program, continue pool therapy, consider trigger point injections, and follow up in four weeks. Utilization Review denied a request for aquatic therapy and re-evaluation on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy re-evaluation for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: This patient receives treatment for chronic low back pain. This was the result of an industrial injury on 03/03/2015. The patient received chiropractic, physical therapy, chiropractic, and has taken multiple medications. The medications included muscle relaxants, hydrocodone, and NSAIDs. The patient received epidural steroid injections, without lasting reduction in pain. On exam there is an antalgic gait and tenderness on palpation of the L5-S1 process. The motor exam and reflex exam are normal. This review addresses a request for re-evaluation for aquatic therapy sessions. Aquatic therapy may be medically indicated to treat musculoskeletal conditions when it is necessary to lessen the effect of gravity in the treatment sessions. An example of such an indication is the need for decreased weight bearing. The documentation does not support this indication at all. Based on the documentation, an evaluation for aquatic therapy is not medically necessary.

6 aquatic therapy sessions, twice weekly, for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: This patient receives treatment for chronic low back pain. This was the result of an industrial injury on 03/03/2015. The patient received chiropractic, physical therapy, chiropractic, and has taken multiple medications. The medications included muscle relaxants, hydrocodone, and NSAIDs. The patient received epidural steroid injections, without lasting reduction in pain. On exam there is an antalgic gait and tenderness on palpation of the L5-S1 process. The motor exam and reflex exam are normal. This review addresses a request for re-evaluation for aquatic therapy sessions. Aquatic therapy may be medically indicated to treat musculoskeletal conditions when it is necessary to lessen the effect of gravity in the treatment sessions. An example of such an indication is the need for decreased weight bearing. The documentation does not support this indication at all. In addition, there is no documentation of a quantitative evaluation of any functional benefit gained from the aquatic therapy already received. Based on the documentation, additional aquatic therapy is not medically necessary.

Chiropractic re-evaluation for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This patient receives treatment for chronic low back pain. This was the result of an industrial injury on 03/03/2015. The patient received chiropractic, physical therapy, chiropractic, and has taken multiple medications. The medications included muscle relaxants, hydrocodone, and NSAIDs. The patient received epidural steroid injections, without lasting reduction in pain. On exam there is an antalgic gait and tenderness on palpation of the L5-S1 process. The motor exam and reflex exam are normal. This review addresses a request for chiropractic re-evaluation. This patient already received a trial number of chiropractic visits. There is no documentation that the patient experienced a quantified benefit in function from these chiropractic sessions. The guidelines recommend that in order to proceed with additional treatment sessions, the trial chiropractic sessions must result in a measurable improvement in function. Based on the documentation, a re-evaluation is not medically necessary.

6 chiropractic treatment, 3 times weekly, for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This patient receives treatment for chronic low back pain. This was the result of an industrial injury on 03/03/2015. The patient received chiropractic, physical therapy, chiropractic, and has taken multiple medications. The medications included muscle relaxants, hydrocodone, and NSAIDs. The patient received epidural steroid injections, without lasting reduction in pain. On exam there is an antalgic gait and tenderness on palpation of the L5-S1 process. The motor exam and reflex exam are normal. This review addresses a request for 6 chiropractic sessions. This patient already received a trial number of chiropractic visits. There is no documentation that the patient experienced a quantified benefit in function from these chiropractic sessions. The guidelines recommend that in order to proceed with additional treatment sessions, the trial chiropractic sessions must result in a measurable improvement in function. Based on the documentation, 6 additional chiropractic sessions are not medically necessary.