

Case Number:	CM15-0047097		
Date Assigned:	03/19/2015	Date of Injury:	08/06/2012
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 sustained an industrial injury on 08/06/2012. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, and cervicgia. Treatment to date has included diagnostic studies, medications, physical therapy, ice applications, home exercise program, acupuncture treatment, chiropractic sessions, and lumbar steroid injection. A physician progress note dated 02/17/2015 documents the injured worker is having increasing bouts of pain to the lower back. She also complains of not being able to sleep. Pain is rated a 7 on the Visual Analog Scale and is described as sharp and shooting and radiating down bilateral lower extremities. This last month the injured worker functional status decreased due to the increase in pain. Lumbar range of motion is limited. There is mild positive lumbar facet loading maneuver bilaterally. There is mild positive straight leg raise test on the left in the seated and supine position to 50 degrees. Treatment requested is for aquatic therapy 2 x 5 for the lumbar spine, and chiropractic physiotherapy 2 x 5 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 x 5 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chiropractic care Page(s): 58.

Decision rationale: The medical records indicate pain related to musculoskeletal condition that has not improved with conservative treatment of surgery, medications, or PT. MTUS supports manual therapy (chiropractic treatment) as an option for up to 18 visits over 6-8 weeks with evidence of functional improvement. As the medical records indicate failure of other conservative care and demonstrates persistent limited ROM and positive facet pain and straight leg raise, the medical records support chiropractic care.

Aquatic therapy 2 x 5 for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, aquatic therapy.

Decision rationale: The medical records indicate failure of previous physical therapy nor does it indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self directed program. ODG guidelines report. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aqua therapy treatment.