

<b>Case Number:</b>	CM15-0087840		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old female who sustained an industrial fall injury on 09/18/2013. According to the Qualified Medical Evaluation report of April 1, 2015 the injured worker had an earlier injury on 7/7/07 as well as the trauma injury on 9/18/13 and noted as a cumulative industrial injury. The injured worker was diagnosed with advanced lumbar spondylosis/spondylolisthesis with central spinal canal stenosis, L5 radiculopathy, left foot drop, knee osteoarthritis and bilateral lower extremity lymphedema. The injured worker has declined surgical interventions to her lumbar spine. Treatment to date includes diagnostic testing, conservative measures, lumbar epidural steroid injection, physical therapy, ambulatory devices and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker ambulates with a 4 point walker and drags the toe of her left foot due to foot drop secondary to L5 radiculopathy. Examination noted loss of normal lordosis and restrictions in motion. Straight leg raise increases back pain on the left. Deep tendon reflexes are not detected at the knees or ankles and a left L5 dermatome sensory deficit and complete weakness in the left ankle/foot and great toe dorsiflexion with complete foot drop is present. The knees are osteoarthritic in appearance. The lower extremities show swelling from mid-calf to the feet with notable bilateral hallux valgus. Current medications are listed as Naproxen, Nortriptyline and Omeprazole. Treatment plan consists of medications, ankle-foot orthosis and the current request for chiropractic therapy sessions for the lumbar back (1 X 24) and aqua therapy for the lumbar back (2 X 6).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic Sessions (Lumbar) 1x24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** MTUS recommends manual therapy and manipulation as a treatment option for chronic pain. However elective/maintenance care is not medically necessary per this guideline. The current requested treatment is maintenance in nature given the nature chronicity of the injury and the duration of the current treatment request. This patient would be anticipated to have previously transitioned to an independent active home rehabilitation program; the records and treatment guidelines do not support extensive supervised or passive manual therapy/manipulation in the current time frame. This request is not medically necessary.

### **Aqua Therapy (Lumbar) 2 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.