

Case Number:	CM15-0019248		
Date Assigned:	02/09/2015	Date of Injury:	01/14/2014
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 43 year old female, who sustained an industrial injury on January 14, 2014. The diagnoses have included L3-L4 industrial disc injury with fissuring, high intensity zone, disc protrusion resulting in a 9mm stenosis, neurogenic pseudoclaudication and ambulatory dysfunction, L4-L5 industrial disc injury with fissuring, high intensity zone, disc protrusion, with central and foraminal stenosis, neurogenic pseudoclaudication and radiculopathy, C6-C7 central disc protrusion of industrial nature with neck pain, spasm, and loss of lordosis, C3-C4 broad based protrusion, high intensity zone industrial disc injury, neck spasm, neck and shoulder pain, and loss of lordosis, C4-C5 disc bulge/protrusion industrial injury with loss of lordosis, congenital spinal stenosis. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of lower back pain, radiating through the left buttock. The Treating Physician's report dated January 7, 2015, noted the injured worker had only had twelve visits of physical therapy, and had been denied a lumbar epidural steroid injection (ESI), and that the minimal conservative treatment had not provided much relief. On January 21, 2015, Utilization Review non-certified acupuncture for the lumbar spine two times a week for four weeks, chiropractic treatment for the lumbar spine for four sessions, and aqua therapy two times a week for four weeks. The UR Physician noted that there was no indication that the injured worker had received acupuncture in the past, therefore recommendation was for partial certification of six sessions of acupuncture two times a week for three weeks, citing the MTUS Acupuncture Medical Treatment Guidelines. The UR Physician noted that pending the injured worker's outcome from the approved acupuncture care, the medical necessity of the chiropractic

treatments was not evident, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was limited evidence of clinical deficits on examination that would require water therapy, or that required reduced weight bearing, therefore the request for aqua therapy was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 2, 2015, the injured worker submitted an application for IMR for review of acupuncture for the lumbar spine two times a week for four weeks, chiropractic treatment for the lumbar spine for four sessions, and aqua therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Lumbar Spine 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was provided recent authorization for 6 acupuncture visits. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many total acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture for Lumbar Spine 2 times a week for 4 weeks is not medically necessary and appropriate.

Chiropractic Lumbar Spine for 4 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam

remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic Lumbar Spine for 4 Sessions is not medically necessary and appropriate.

Aqua Therapy 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient has had at least 12 PT visits previously. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua Therapy 2 Times A Week for 4 Weeks is not medically necessary and appropriate.