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| <b>Case Number:</b>   | CM15-0111899 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 02/06/2013 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 05/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/10/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42-year-old female who sustained an industrial injury on February 6, 2013. She has reported lower back pain with radiation to her buttocks and has been diagnosed with grade 1 spondylolisthesis, L5-S1. Treatment has included chiropractic care, acupuncture, medications, physical therapy, medical imaging, and injections. There was slight left sided lumbar tenderness. She could flex to 90 degrees, extend to 20 degrees. Straight leg raise examination was negative at 90 degrees for radicular pain. The treatment request included aquatic therapy 12 visits and chiropractic treatments x 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 87.

**Decision rationale:** The claimant sustained a work injury in February 2013 and continues to be treated for radiating low back pain. When seen, pain was rated at 4/10. The assessment references the claimant as exercising including core strengthening with improvement of pain to 2/10. She was continuing to receive chiropractic treatments every two weeks and had been seeing a chiropractor for 4-5 years prior to injury. There was lumbar tenderness and left sacroiliac joint tenderness. There was decreased and painful lumbar spine range of motion. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is no identified co-morbid condition and the claimant is already performing exercises on her own with benefit. The request is not medically necessary.

**Chiropractic treatment, 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58.

**Decision rationale:** The claimant sustained a work injury in February 2013 and continues to be treated for radiating low back pain. When seen, pain was rated at 4/10. The assessment references the claimant as exercising including core strengthening with improvement of pain to 2/10. She was continuing to receive chiropractic treatments every two weeks and had been seeing a chiropractor for 4-5 years prior to injury. There was lumbar tenderness and left sacroiliac joint tenderness. There was decreased and painful lumbar spine range of motion. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant has been receiving chiropractic care on an ongoing, long-term basis even prior to injury. The number of additional treatment sessions requested is in excess of the guideline recommendation and not medically necessary.