

Case Number:	CM15-0126986		
Date Assigned:	07/13/2015	Date of Injury:	02/06/2007
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 was a 50 year old female, who sustained an industrial injury, February 6, 2007. The injured worker previously received the following treatments physical therapy, chiropractic care for the lumbar spine, 4 sessions acupuncture with improvement, LidoPro topical lotion, Gabapentin, lumbar spine MRI which showed L4-L5 foraminal stenosis with nerve root impingement, Cyclobenzaprine, Gabapentin, Ibuprofen, Lidoderm patches, Lipitor, Meloxicam, Omeprazole, Salonpas Patch, Synthroid, Aciphex, Thermacare Bandage, Tizanidine, Voltaren, Meloxicam, bilateral L4-L5 and L5-S1 medial branch block, daily exercise program and 12 sessions of aqua therapy. The injured worker was diagnosed with lumbar spondylosis, lumbar radiculopathy, carpal tunnel syndrome, and degeneration of cervical intervertebral disc, pain in the joint of the lower leg, lumbar degenerative disc disease and cervical degenerative disc disease. According to progress note of June 4, 2015, the injured worker's chief complaint was ongoing low back pain. The injured worker reported the pain was going down both legs. The injured worker rated the pain 4-7 depending on the level of activity and the use of medications. The physical exam noted no signs of sedation and pupils were equal and round. There was tenderness of the lumbar facet joints. There was increased pain with lumbar extension, flexion reproduced the pain. The pain was shooting down the left leg. The progress note of May 15, 2015, the injured worker found the aqua therapy to be very helpful for the relief of neck pain and was continuing to pay for out of pocket. The treatment plan included chiropractic treatment and Aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments for the Low Back, Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; functional improvement Page(s): 58-59; 48.

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

Decision rationale: Chiropractic treatments for the Low Back, Qty 6 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that chiropractic therapy is recommended as an option. For therapeutic care the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary per the MTUS. For recurrences/flare-ups need to reevaluate treatment success and if return to work is achieved then 1-2 visits every 4-6 months. The documentation indicates that the patient has had prior chiropractic care but without evidence of significant objective functional improvement the request for continued chiropractic treatments are not medically necessary.

Aquatic therapy sessions for the Low Back, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22 and 98-99.

Decision rationale: Aquatic therapy sessions for the Low Back, Qty 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The patient has participated in prior lumbar land based PT. The patient was stated in the documentation to have completed prior aquatic therapy with decreased neck and arm pain but it is not clear of this aquatic PT also was for her low back. She should be versed in a home exercise program. It is not clear that the patient cannot participate in a land based home exercise program. The request for aqua therapy is not medically necessary.