

<b>Case Number:</b>	CM13-0006339		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Care and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54 year old male who slipped and fell at work causing immediate pain to his right lower back on 10/19/2011. Prior treatment includes Norco, Mobic, Tramadol, Xanax, Norflex, muscle relaxants, pain medication and treatment of acupuncture therapy. Previous treatment comprised of medications, work restrictions, rest, physical therapy, chiropractic treatment, and acupuncture that was not helpful. Psychotherapy and 10 sessions of physical therapy that the patient attended in June and July indicated that it did help his pain level, flexibility and mobility. The patient attempted therapy 2 times a week. Therapy was helping and he felt like he was getting more flexible. Diagnostic studies performed include: MRI report of the lumbar spine dated 01/23/2012 and was noted to be normal without evidence of herniation. MRI showed a disc bulge at L4-5 about 3mm in size. On 10/23/2013 and Electrodiagnostic consultation showed normal NCS and normal EMG. On 7/11/2013 the patient had not had any testing performed. Clinic note dated 06/13/2013 Objective findings straight leg raising in a supine position is 40 degrees on the right and 55 degrees on the left. Positive Lasegue's testing right. Clinic note dated 07/11/2013 found the patient not working with low back pain that increases with activity, simple stuff like grocery shopping. His pain is worse at night time. The patient states he feels soreness in the low back all of the time. Objective findings: Diminished sensation in the right leg, medially and laterally. Recommendation: Therapy 2 times per week for 4-5 weeks to the lumbar spine to include use of inversion table.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of chiropractic treatment for the low back/ lumbar spine/ sacrum:** Upheld

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

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

**Decision rationale:** As per the CA MTUS guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. However, provider note dated 07/11/2013 indicates that his pain level was at least 5/10 and 10/10 at worst. The provider indicated that physical therapy has helped improve his flexibility but simple ADLs such as grocery shopping worsens his pain. Additionally, guidelines indicate that "if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. He has attended previous chiropractic care there is insufficient evidence that the previous treatment resulted in any functional improvement. Therefore, the request for additional 10 sessions of chiropractic treatment for the lumbar spine is non-certified.