

<b>Case Number:</b>	CM13-0010739		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma, and Texas. 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 60-year-old injured worker who reported an injury on March 30, 2011. The patient has had ongoing complaints of pain in their mid-back and low back radiating to the lower extremities bilaterally. The claimant also has a history of surgeries to their left knee in 1999 and a right shoulder surgery in 2008. According to the progress note dated July 30, 2013, the examination revealed thoracolumbar spine tenderness, flexion at 10 degrees, extension 0 degrees, right/left lateral bend at 10 degrees, right/left rotation 20 degrees, and positive SLR at 30 degrees bilaterally. The patient's diagnosis includes multilevel thoracic facet arthropathy and disc disease, spondylolisthesis at L4-5 with mild spinal stenosis, disc and facet disease at L3-S1 with bilateral neural foraminal narrowing. The physician is now requesting chiropractic care twice a week for 3 weeks for the lumbar spine, and a request for the patient to join a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions twice a week for 3 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, it is recommended as an option at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6 to 8 weeks. According to the documentation dated June 11, 2013, the patient has undergone various forms of conservative modalities to treat their different ailments. These treatments included physical therapy, acupuncture, injections, and chiropractic treatment, which were noted as temporarily providing pain relief. The documentation does not provide an accurate number of chiropractic sessions the patient has already undergone. Therefore, it is unclear if the patient's request for chiropractic care 2 times a week for 3 weeks would exceed the maximum allowance per California MTUS Guidelines. Furthermore, there is nothing documented stating the patient has had a significant change in their pathology to warrant additional chiropractic treatments. The request for chiropractic therapy twice a week for three weeks for the lumbar spine is not medically necessary and appropriate.

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nutrition Concepts by Franz, Inc. Minneapolis, MN 55439, USA, MarionFranz@aol.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ajcn.nutrition.org/content/82/1/222S.full>

**Decision rationale:** California MTUS at ACOEM, as well Official Disability Guidelines do not address weight loss programs. Therefore, outside sources have been referred to in this case. Under the American Journal of Clinical Nutrition website, it states that there is a general perception that almost no one succeeds in long-term maintenance of weight loss. As there is multiple weight loss programs, each one designed in their own specific way to help an individual reduce their overall weight, as well as increase their activity level. Without having an accurate name for the weight loss program being requested, it is unclear if the requested program would be appropriate for this particular patient. The request for a weight loss program is not medically necessary and appropriate.