

<b>Case Number:</b>	CM13-0010896		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	07/31/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractics 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 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/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 38 year old male who injured his lower back on 11/2/2012 after a slip and fall incident while working as a landscaper. Per the PTP's progress report the subjective complaints are described as follows: ongoing weakness to the low back, mostly on the left side. He denies any pain. He says he just feels weak whenever he tries to lift or twist. The patient has been treated with medications, physical therapy, H-Wave and chiropractic care. Diagnosis assigned by the PTP is low back pain. Diagnoses assigned by the specialty physician are lumbar disc herniation and lumbar radiculopathy. An MRI study of the lumbar spine has shown 1-2 mm broad based bulges at L3-4 and L4-5 as well as a 5 mm paracentral disc protrusion at L5-S1. EMG study has been abnormal and NCV has been positive for radiculopathy. The PTP is requesting 12 chiropractic sessions with massage to the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC CARE WITH MASSAGE 2 TIMES A WEEK FOR 6 WEEKS**

**LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION Page(s): 58-59, 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

**Decision rationale:** It is unclear if the patient has received any chiropractic care or massage therapy per the records provided. The records lack prior chiropractic or massage notes. The California MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and ODG Chiropractic Guidelines Low Back Chapter recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. ODG Low Back Chapter recommends for flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. There are no objective functional improvements in the records if prior chiropractic care has been utilized. If this is a trial of chiropractic and massage, The ODG Guides Low Back Chapter recommends a trial of 6 visits over 2 weeks. The current request exceeds the number of sessions recommended by the guidelines. Therefore the request is not medically necessary.