

<b>Case Number:</b>	CM13-0017734		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Chiropractor, has a subspecialty in Acupuncture 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 61 year old male with a date of injury of 09/13/2001. His lumbar CT dated 4/14/2011 revealed multilevel disc protrusions L2-S1 with moderate to severe hypertrophic facet changes at L3-S1, severe spondylosis at L4/5, slight retrolisthesis of L4 relative to L5, and L4/5 disc desiccation, vacuum phenomenon, and lateral recess stenosis. According to UR dated 08/22/2013, the provider stated that the patient had presented with significant flare-up with marked loss of lumbar range of motion. He agreed to partial certification of 4 chiropractic visits to allow time to produce an effect. The progress report dated 8/14/2013 submitted by [REDACTED] stated that the patient complained of frequent grade 7/10 low back pain radiating to the left lower extremity with associated numbness, tingling, and difficulty walking. Significant objective findings consisted of marked loss of lumbar range of motion, +3 lumbosacral tenderness and spasms, decreased sensation left L3-S1, and muscle testing within normal limits. The patient was diagnosed with lumbar disc protrusions, lumbosacral sprain/strain, and thoracic and lumbar neuritis/radiculitis. The patient has not been treated since his last evaluation on 1/31/13 according to the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment two (2) times a week for six (6) weeks: 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 Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation Page(s): 58-60..

**Decision rationale:** : According to the progress report dated 8/14/2013, the patient experienced significant flare-up with marked loss of lumbar range of motion. The guideline recommends 1-2 visits over every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. The guidelines recommend 1-2 visits for patients with a flare up. The provider has requested 12 visits. Therefore, the provider's request for chiropractic twice a week for 6 weeks exceeds the guidelines recommended number of visits for patients with a flare-up; therefore it is not medically necessary at this time.Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation, page(s) 58-60.