

<b>Case Number:</b>	CM13-0018914		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Chiropractic 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 51-year-old female, born on 11/17/1963. On 12/18/2012, she was walking onto a parking lot and stepped on an object which caused her ankles to twist, causing her to do the splits, hurting her lower back and knees. A lumbar spine MRI was performed on 03/01/2013 with findings of L3-L4, L4-L5 and L5-S1 concentric broad-based disc bulges (1-2 mm) and mild central canal narrowing. The chiropractor's first report of occupational injury or illness notes the patient presented on 04/30/2013 with bilateral ankle pain, bilateral knee pain, and low back pain with radiation to right lower extremity. By examination there was guarded gross movement, low back pain with heel and toe walking, 2+ paralumbar spasm, 2+ lumbosacral tenderness, paralumbar and glute myofascial tenderness, lumbar spine flexion 30, lumbar spine extension 10, lumbar right lateral flexion 12, and lumbar left lateral flexion 13, weakness of bilateral hip flexion/extension secondary to low back pain, mild swelling of left medial knee with medial joint line tenderness, left knee ROM 0-100, right knee ROM 0-105, squat limited to 50% secondary to LBP and left knee pain, no ankle swelling, mild tenderness of lateral, posterior and anterolateral ankles, increased lateral ankle pain with end range inversion bilaterally, DTRs 1+ right ankle otherwise 2+, and sensation decreased right lower extremity L5-S1 dermatomes. Diagnoses were reported as lumbosacral sprain/strain with right radiculitis, bilateral knee sprain, and bilateral ankle sprain. The chiropractor requested authorization for a course of chiropractic care at a frequency of 2 times per week for 3 times per week. The chiropractor's PR-2 of 05/15/2013 reports low back pain radiating down right lower extremity, and bilateral knee and ankle pain, 9/10. Oswestry low back pain scale 92%. By examination mild antalgia, continued lumbosacral tenderness and paralumbar spasm, no significant interval change of lumbar ROM, continued + lumbar facet loading maneuvers, continued swelling medial left knee with medial joint line tenderness, no change bilateral knee ROM, + McMurray's test left, squat to 50%, tender lateral

ankles, and neurologically unchanged. On 05/29/2013, 6 chiropractic treatment sessions were authorized. The chiropractor's PR-2 of 05/30/2013 reports complaints as noted on 04/30/2013 and 05/15/2013. Objective findings were essentially unchanged from prior reports. The chiropractor recommended she remain off work. The chiropractor's PR-2 of 06/03/2013 reports complaints and objectives essentially unchanged from prior reports. The chiropractor's PR-2 of 06/24/2013 reports subjectives rated 8-9/10 and Oswestry low back pain scale score 90%. She ambulated with antalgic gait, remained tender from her neck to her low back, continued with lumbosacral tenderness without change of lumbar ROM, and was neurologically unchanged. She continued off work per her personal physician. The chiropractor's PR-2 of 07/26/2013 reports low back and ankle pain had not improved, VAS rated 7-8/10, and Oswestry low back pain scale score 94%. She continued with antalgic gait, continued with paralumbar spasm, lumbar ROM limited in flexion to 50% and extension to 10 , + facet loading maneuvers, SLR positive on right, and neurologically unchanged.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SIX (6) CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, PGS. 58-59.

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

**Decision rationale:** The request for 6 chiropractic treatment (manual therapy & manipulation) sessions is not supported to be medically necessary. On 05/29/2013, six chiropractic treatment sessions were authorized. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. In this case, there is no evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of a recurrence/flare-up, records do not indicate the patient has returned to regular work, and MTUS does not support maintenance care; therefore, the request for additional chiropractic treatment is not supported to be medically necessary.