

<b>Case Number:</b>	CM13-0020429		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/09/1982
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 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 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:

Injured worker is a 69-year-old male who is injured on February 9, 1982, when he hurt his low back while his bending over working. His case was settled of the Worker's Compensation Appeals Board with the stipulation request for award on August 26, 1983. Since that time, the patient continued to receive chiropractic care from different providers over the course of time for low back issues. MRI report of April 25, 2008, revealed posterior annular tear at L4-L5 with the 5 mm disc protrusion, at L5-S1 it revealed a 2.8 mm disc protrusion that increased to 3.8 in extension. Follow-up MRI on March 2012 continued to show issues of disc desiccation at multiple levels, at L5-S1 revealed 3 mm disc bulge bilateral posterior lateral causing moderate bilateral lateral recess stenosis. Most recently, his current primary treating physician chiropractor issued a progress report dated August 19, 2013, which stated patient is presenting with low back pain rated a seven on a 10 pain scale in constant pain started four days prior. The diagnosis is lumbosacral neuritis and lumbar myofascitis. The treatment requested chiropractic adjustments, myofascial therapy and physical therapy three times a week for two weeks. Prior progress report from November 2012 show stabilization of the low back with continued active care at home with stretches and as needed use of tens unit. Last flare up is documented January 21, 2013, at that time the primary treating physician requested four visits at two times a week for two weeks. Utilization review was performed on August 22, 2013, a review was performed on the request for chiropractic adjustments, myofascial release and physiotherapy, at three times per week for two weeks for the lumbar spine, this request was denied by UR. UR denied care based on California chronic pain medical treatment guidelines referencing that is recommended that chiropractic care for chronic cases have 1 to 2 visits every for six months for recurrences of flare-ups once treatme

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic adjustments, myofascial release, physiotherapy three times per week for two 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 Section Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** This patient is clearly a chronic pain patient who is utilized chiropractic care for the last several years to help control his chronic spinal low back symptoms. The medical history and record reflects that the care has been short-term on an as needed basis. The last flare up this patient had been in January 2013 for which four visits were adequate to control symptoms. Back in November 2012, he followed up with his primary treating physician, who recommended continued home exercise and stretching in utilization of tens unit, there is no request for continued care that time. There's a new flare documented in August 2013, request was made for care for six visits of chiropractic management at the frequency of three times a week for two weeks. Utilization review reviewed this request and non-certified was made based on California and pain medical treatment guidelines, and the reasoning given was at the guidelines recommend two visits and not six. In reviewing this case, it is not noted in any of the records what the functional improvements have been with the care the patient received in the past and how the flare up has affected his current functional abilities. Per the California pain medical treatment guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Care is recommended for the low back is an option with therapeutic care at a trial six visits of two weeks with evidence of functional improvement. The guidelines also state for recurrences or flare-ups, that they need to be evaluated for treatment success, the guideline goes on to state, if return to work is achieved, then 1 to 2 visits every 4 to 6 months can be provided. The guidelines also state under treatment parameters, that the time to produce the effect is 4 to 6 treatments. In the same guidelines under maximum duration it states 'Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function.' ODG chiropractic guidelines states also states that for recurrence or flare-ups one needs reevaluate treatment success, if return to work is achieved then 1 to 2 visits every 4 to 6 months. The medical record reflects of the patient's care in the past has been limited to four to six at any one flare up, but functional improvement with the treatment in his chronic pain patient has not been documented. There may be a need for additional chiropractic care in this case, but documentation of functional improvement or work status with this current request and with past care needs to be made as per California MTUS. For recurrences or flare-ups past medical treatment success needs to be evaluated, and in this case the medical record does not indicate this