

<b>Case Number:</b>	CM13-0025339		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 a Chiropractor 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53 year old female who injured her lower back on 10/10/2011. Patient was treated initially with a course of medications and 10 sessions of chiropractic care from 12/11/12 to 2/11/13. MRI of lumbar spine revealed "L4/L5, 7mm left posterolateral extrusion compressing the left half sac and proximal left L5 nerve root with mild central canal stenosis. At L3/L4 mild annular bulging with mild central canal stenosis" was observed. Patient subsequently had surgery on her lower back in June 2013. The surgical procedure was L4/L5 decompression, discectomy and foraminectomy. Patient continued to experience pain after the surgery. The PTP believed that 12 sessions of chiropractic care to include flexion and traction would benefit the patient. The request is for 12 sessions of chiropractic therapy 3 X per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy with flexion, traction, and mobilization 3 times 4 for lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-63.

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

**Decision rationale:** This is a chronic case. Official Disability Guidelines under the manipulation section recommend manipulation for the lower back "as an option. Medical evidence shows good

outcomes from the use of manipulation in acute low back pain without radiculopathy. If manipulation has not resulted in functional improvement in the first one or two weeks it should be stopped and the patient re-evaluated." The ODG also states: " Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity." The chiropractic physician in a report dated 2/7/13 provided measurements for lumbar spine ROM at the conclusion of the 10 chiropractic treatments to be: "flexion 45/60, extension 30/30, RLF and LLF 20/20 with pain level 4/10. The AME report reported chiropractic care visits total to be 20. Objective functional improvements were not found in the records prior to the start of the chiropractic therapy. The number of visits made by the patient exceeds the 18 visit limit recommended by ODG as stated above which should be rendered in acute cases not chronic. In this case I find the requested 3X4 chiropractic sessions post-surgery to be not appropriate and not medically necessary.