

<b>Case Number:</b>	CM13-0027796		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Board Certified in Chiropractic and is licensed to practice in Texas. 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 56 year old male who reported an injury on 05/28/2009 after he was working on a truck when the air pressure gun slipped and he lost his balance and subsequently fell onto his left side. The injury to his back resulted in left leg radicular symptoms and confirmatory clinical findings noted an absent left ankle jerk and foot drop along with sensory changes as of 11/29/2012. An MRI was performed which noted disc bulge at L5-S1 impinging the nerve roots. In 04/2013, the patient underwent an NCV which noted all nerve conduction studies were within normal limits. The patient had been diagnosed with left sciatica at that time. On 08/16/2013, the patient was seen with subjective complaints of moderate to severe low back pain which has become worse. The patient presented with radiating pain and presented with clinical findings to support an epidural steroid injection or surgical treatment. An MRI of the lumbar spine was taken on 09/14/2013 which noted the patient had no evidence of an occult fracture, there was early disc desiccation noted at L2-3 through the L4-5 levels. There was also disc desiccation noted at the L5-S1 level, with reduced intervertebral disc height noted at L5-S1 as well. Modic type II endplate degenerative changes were noted at L2-3, L3-4, and L5-S1 levels, and grade I retrolisthesis of L2 on L3 and L5 on S1 was also noted. Another MRI of the lumbar spine without contrast was performed on 11/16/2013 which concluded that the patient had moderate discogenic degenerative changes at the L5-S1 and small to moderate chronic appearing left paracentral disc extrusion resulting in mild to moderate stenosis of the canal, left lateral recess, and bilateral neural foramen. There was also minimal spondylosis without stenosis from L2-3 through L4-5, and mild old appearing inferior endplate compression at L2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiro for L/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that manual therapy and manipulation treatments are recommended for chronic pain if caused by musculoskeletal conditions. Patients are given a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks can be approved. The documentation submitted for review indicates the patient has already undergone approximately 20 visits of chiropractic treatment thus far. However, there is no documentation indicating any objective functional improvement. Furthermore, the physician has failed to indicate how many sessions of additional chiropractic treatment he would like his patient to undergo. Therefore, at this time the request for additional chiro for L/S request is not medically necessary and appropriate.