

<b>Case Number:</b>	CM13-0036462		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 52-year-old male who reported an injury on September 15, 2010. The mechanism of injury information was not provided in the medical record. A review of the medical record reports that the patient has received treatment for cervical spine and lumbar spine to include cervical spine surgery and postoperative physical therapy and chiropractic care. The request is for chiropractic treatments for 12 visits for the lumbar spine. An MRI of the lumbar spine dated October 03, 2013 revealed multilevel degenerative changes of the lumbar spine with mild spinal canal stenosis at L3-4 and L4-5. It also revealed up to a 2 mm anterior posterior right foraminal zone disc protrusion at L3-4 superimposed upon a disc bulge with moderate right neural foraminal stenosis. The most recent clinical note is dated November 25, 2013 and states that the patient continues to complain of neck pain along with numbness and tingling in his arms and right side was making it hard for him to grasp things, and he had been dropping things. The patient's pain was severe accompanied by muscle spasms. It is mentioned in this clinical note that the patient had completed his chiropractic treatments 2 weeks prior to this appointment on November 25, 2013. Upon physical examination of the lumbar spine, it was noted flexion at 80 degrees with moderate pain, extension 20 degrees, lumbar flexion and extension elicits pain. Bending was at 10 degrees to the right and 10 degrees to the left. Rotation is 30 degrees to right and 20 degrees to the left. There was noted tenderness to midline at the L4-5 and there was a noted positive straight leg raise to the right leg. The patient was to continue his current medication regimen, which included Lorcet 10/650mg 1 tablet every 4 hours and Soma 350mg 1 tablet twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Chiropractic Treatment; two (2) times a week for six (6) weeks (12 visits), for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The California MTUS Guidelines recommend a trial of 6 chiropractic visits for the lumbar spine. With evidence of objective functional improvement, there can be up to 18 visits of chiropractic care approved over a 6 to 8 week period. There is no specific documentation of the number of chiropractic visits that the patient has already received. The clinical information submitted does not address any significant objective functional improvement with the prior chiropractic treatment. Therefore, the medical necessity for further chiropractic treatments cannot be proven. Therefore the request for chiropractic treatment, two (2) times a week for six (6) weeks (12 visits), for the Lumbar Spine is not medically necessary and appropriate.