

<b>Case Number:</b>	CM13-0038124		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/11/1994
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Diseases 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 physician 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 in 1994. The mechanism of injury was not submitted. The patient complained chronic pain and spasms. The clinical documentation dated 12/19/2012 stated the patient was being seen for lower back primarily, although he has continued neck symptoms. The documentation stated the patient's low back pain had resolved. The patient complained of left-sided mid to low back pain spasms. The patient also complained of ongoing neck pain and headaches. The physical examination revealed palpable spasms extending from the left side of L1 to L4 and the paraspinal musculature. Lumbar range of motion allows for 70 degrees of flexion, 30 degrees of extension and lateral flexion of 30 degrees bilaterally. The patient had a negative straight leg raise and the neurological exam of the lower extremities was intact. The patient was diagnosed with L4-5 lumbar interbody fusion on 01/09/2012, C5-6 degenerative disc disease and stenosis, sciatica and lumbar sprain/strain. The clinical documentation dated 03/13/2013 stated the patient's low back pain has been exacerbated by his knee injuries. The patient stated he had a history of knee issues including an arthroscopy in 2011 along with 8-10 cortisone shots in the knees over the years. The clinical documentation submitted dated 08/23/2013 indicated that the patient is feeling depressed and frustrated with the chronic pain. The patient has been treated with physical therapy, medication, chiropractic care, massage therapy and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The clinical documentation submitted for review does not meet the guidelines recommendations. The clinical documentation submitted stated the patient received a work injury sometime in 1994 and has had complaints of chronic pain to the neck, back, knees and muscle spasms. The clinical documentation states the patient has been treated with physical therapy, medication, chiropractic care, massage therapy and aqua therapy. CA MTUS recommends chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines stated chiropractic treatment for low back is recommended as an option with therapeutic trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks and recurrences/flare-ups need to reevaluate for treatment success. The guidelines do not recommend chiropractic care for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand or knee. The clinical documentation submitted for review stated the patient had received prior chiropractic care. No objective clinical documentation was submitted to show functional improvement as a result of the treatment. Also, the request does not indicate which body part would receive the treatment as the guidelines do not recommend chiropractic care for the ankle, foot, carpal tunnel syndrome, forearm, wrist, hand or knee. As such, the request is non-certified.

**Work conditioning x 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The patient has had complaints of chronic pain and spasms since his work injury in 1994. The patient was discharged and given an award for future medical care. CA MTUS guidelines recommend work conditioning/work hardening programs for those patients that are ready to return to work. The clinical documentation submitted for review did not indicate that the patient is currently employed or was preparing to return to work. As such, the request is non-certified.