

<b>Case Number:</b>	CM13-0039734		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 37 year-old with a date of injury of 11/01/00. The first occupational injury report on 05/10/12 identified the mechanism of injury as a "lifting injury". She was diagnosed with ruptured lumbar discs and underwent fusion of L3-4 and L4-5 in February of 2001. The most recent progress report included by [REDACTED], dated 11/01/13, identifies subjective complaints of constant aching low back pain with difficulty standing for prolonged periods. Objective findings included "lumbar range of motion limited in flexion, extension, and side bending". Diagnoses indicate that the patient has "chronic intractable low back pain, status post lumbar surgery with fusion L3-S1." Treatment has included previous injections, fusion, and current oral analgesics. Treatment now recommended is chiropractic. A Utilization Review determination was rendered on 09/13/13 recommending non-certification of "chiropractic treatment 1X6".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Livestrong.com; Max

Whitmore Oct 24, 2011; Is Chiropractic Manipulation Okay Post Spinal Fusion?", and J Manipulative Physiol Ther 2011(Jul); 34(6):408-412

**Decision rationale:** The current request is for chiropractic treatment 1x6. The California MTUS Chronic Pain Guidelines, state that manipulative therapy has good evidence for chronic low back pain. Likewise, the ACOEM Chapter 12 notes that because of marked variation among persons with symptoms of low back pain, range-of-motion measurements of the low back are of limited value. However, it is silent regarding manipulative therapy post lumbar fusion. Currently, there is limited evidence on its efficacy post fusion, being mostly antidotal or retrospective. There are no good randomized trials to evaluate effectiveness. Likewise, there is controversy about the safety of this modality post fusion.