

<b>Case Number:</b>	CM13-0051831		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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. 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 43-year-old male, born on 10/14/1970. He was injured on 12/07/2005 when he was walking up a ramp and his left foot broke through the ramp, wedging himself between a 2X4 and a metal dumpster. No chiropractic records were submitted for this review. The earliest dated document provided for review reports the patient was seen in medical reevaluation on 11/01/2012 for continued lumbar spine, left ankle, and left foot pain. Included in treatment recommendations of 11/01/2012 was a request for physiotherapy at a frequency of 2 times per week for 6 weeks along with chiropractic and aqua therapy. On 06/07/2013, the patient underwent Agreed Panel Qualified Medical Evaluation, and the report indicates the patient had treated with a chiropractor, yet frequency and duration, specific treatment procedures, and response to chiropractic care were not reported. The most recent clinical documentation provided for review indicates on 04/17/2014 the patient continued to complain of left foot and ankle pain, and low back pain radiating down to bilateral lower extremities, left greater than right. By examination, a lumbar spine range of motion was restricted and painful, there was tenderness to palpation with paraspinal spasms, there was hypoesthesia of the foot and ankle of an incomplete nature, and bilaterally with facet joint tenderness at L3, L4, L5 and S1 levels. The patient was diagnosed with lumbar disc herniation with radiculitis/radiculopathy, a positive MRI and positive EMG, a left ankle osteochondral defect talus status post arthroscopic surgery with calcaneal spur, left foot plantar fasciitis, gastritis, anxiety, depression and insomnia. The recommendations included continuing physiotherapy as prescribed. On 04/14/2014, the patient remained temporarily totally disabled from work. There is a request for chiropractic treatment at a frequency of 2 times per week for 6 weeks to the lumbar spine, left ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 2X6 TO THE LUMBAR SPINE, LEFT ANKLE AND FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does not support medical necessity for the requested chiropractic treatment at a frequency of 2 times per week for 6 weeks to the lumbar spine, left ankle and foot. This patient had treated with chiropractic care prior to 06/07/2013, yet no documentation reporting frequency and duration, specific treatment procedures, or response to chiropractic care was provided for this review. The MTUS Chronic Pain Medical Treatment Guidelines, pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if return to work then 1-2 visits every 4-6 months. There is no documented evidence of functional improvement achieved through past chiropractic care rendered, there is no evidence of a recurrence/flare-up and elective/maintenance care is not supported to be medically necessary; therefore, the request for 12 chiropractic treatment sessions to the lumbar spine exceeds MTUS Chronic Pain Medical Treatment Guidelines recommendations and is not supported be medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines does not support manual therapy and manipulation in treatment of the ankle and foot. Therefore the request is not medically necessary.