

<b>Case Number:</b>	CM13-0052298		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 53 year old male that reported a work injury on 7/31/03. The mechanism of injury was not provided. The clinical note dated 4/15/13 stated that the patient complained of increasing numbness and paresthesia in the bilateral lower extremities, with complaints of falls due to a leg giving out. The clinical note stated a location of pain that started in the lumbosacral area extending through the buttocks bilateral. The note reflected a decrease in sensitivity to cold and heat in bilateral lower extremities. The clinical note referred to a fusion in January 2005 of a spinal fusion without exact location. Current medications listed on the clinical visit dated 7/15/13 are Kadian, Lunesta, Cymbalta, Topamax, Zanaflex, Viagra, and Norco. Clinical notes stated that the patient had a positive right reverse straight leg with hip and inguinal pain. The clinical note referred to a CT scan that was done on 5/1/13 with noted results of five lumbar vertebrae, L2-3 fusion, and moderate neuroforaminal stenosis oat L1-2 through L4-5 with not obvious nerve root compression. The clinical note dated 11/11/13 added Baclofen. The clinical note stated that the plan of care would also include chiropractic manipulation of the S1 joint belt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for chiropractic care once a week for six weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient has continual pain with pain radiating to the bilateral lower extremities. The patient continues with movement. The guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. The low back recommendation is an initial trial of six visits over a two week period if the patient has not had treatment in the past 6 months. The clinical note refers to previous treatment, but there was not documentation that gave specific dates and results of previous treatments to review. Therefore, the request is non-certified.