

<b>Case Number:</b>	CM13-0054631		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Chiropractor 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 55 year old female who injured her back on 04/01/2013 when she was doing some heavy lifting. The patient was treated with epidural steroid injection on 07/05/2013, acupuncture, physical therapy, chiropractic treatment, and medications. A EMG/NCS dated 09/16/2013 shows normal NCS, abnormal EMG with right chronic L5 denervation. Note dated 06/04/2013 MRI of the lumbar spine without contrast showed L4-5, 5.0 MM broad-based disc herniation, L5-S1, 5.0MM broad-based disc herniation, L3-4, 4.0 MM broad-based disc protrusion and short pedicles. A clinic note dated 08/12/2013 showed he was able to walk with no difficulty. No subluxation is noted on flexion/extension of the spine. Paraspinal muscles are moderately tender to palpation. SLR was negative for R/L at 90 degrees. Motor exam was 5/5. Recommendation was continued conservative care with therapy and possibly chiropractic treatments, a clinic note dated 10/09/13 indicates on exam, there was no loss of lumbar lordosis and no visible deformity or step-off. Full range of motion except flexion and extension of 20 degrees. Tenderness to palpation in the lumbar spine. SLR was positive. Motor exam was grossly intact. Brisk patellar and ankle reflexes with no asymmetry. Light touch sensation was diminished at right L5 sensation. Diagnosis was lumbar strain and spasm with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) chiropractic therapy sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** The request for four additional sessions of chiropractic manipulation does not fall within the guidelines for manual therapy and manipulation. The intended goal manual medicine is to achieve positive symptomatic or objective measurable gains and functional improvement. This patient has tried chiropractic, physical therapy and epidural injections without success in reducing her symptoms for any measurable period of time. It is my opinion that this patient should seek advanced medical diagnostics and have a surgical consultation. After diagnostics and surgical consultations have been completed chiropractic may be sought as per the guidelines for chronic care. 1-2 visits a week for six weeks. As per the request for chiropractic care is non-certified at this time.