

<b>Case Number:</b>	CM13-0057873		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/07/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractics 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 34 year old female who injured her mid and lower back on 12/8/2010 while performing her duties as a corrections officer. Symptoms reported are ongoing lumbosacral pain with intermittent radiculopathy into right lower extremity, per PTP's report dated 9/26/13. Patient has been treated with medications, acupuncture, SIJ injection, physical therapy, HEP and 19 sessions of chiropractic care. Diagnoses assigned by the PTP are Lumbar sprain/strain with radiculopathy into right lower extremity, lumbar disc bulge at L5/S1. MRI of the lumbar spine performed on 4/21/11 provided the following finding: 2-3 mm disc protrusion at L5/S1. EMG/NCV study was also performed, but no EMG/NCV reports exist in the records provided. The AME supplemental report dated 11/29/12 concludes "Should symptoms deteriorate or should she have exacerbations, I think she certainly deserves future medical benefits. She should have physical therapy as needed for acute exacerbations only as well as medications." The primary treating provider is requesting 4 chiropractic sessions to the lumbar spine 2 times per week for 2 weeks with exercise and modalities given the success of this treatment in the past per records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with exercise, modalities and manipulation (2) times a week for (2) weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation

**Decision rationale:** This is a chronic case with a cap of 24 chiropractic visits for the life of the case. Patient has completed 19 visits per the records provided. Extensive chiropractic treatment notes were provided in the records from 10/19/11 to 9/25/13. Objective functional improvement data from chiropractic care and modalities rendered to the lumbar spine are documented and are available in the records as defined in the MTUS definitions. Furthermore, the records provided show that the patient was placed on modified duty while receiving chiropractic care on 5/22/12 with a goal to return to full duty on 6/18/12. Records indicate that from the first treatments rendered the pain is intermittent with pain level of 5-6/10 on the pain scale and with lumbar range of motion to be 30 degrees at flexion, 10 degrees right lateral flexion and 10 degrees left lateral flexion. On the last chiropractic report dated 9/26/13 the PTP documents range of motion improvement to be 41 degrees at flexion, 20 degrees at extension, 17 degrees at right lateral flexion and 19 degrees at left lateral flexion with frequency of symptoms reported as mild. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "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 that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. ODG Low Back chapter, Manipulation Section states: "Recurrences/flare-ups-Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." Given that chiropractic records exist and objective functional improvement has been demonstrated as well as a reduction of the patient's work restrictions, I find that the 4 chiropractic sessions with exercise and modalities to the lumbar spine to be medically necessary and appropriate.