

<b>Case Number:</b>	CM13-0061714		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/30/1984
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Board Certified in Family Practice, 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 77-year-old who reported an injury on 10/30/1984. The mechanism of injury was not provided in the medical records. The 11/01/2013 referral indicates chronic back pain with lumbar radiculopathy. The request is for twelve visits of chiropractic therapy and lumbar MRI. An undated progress note reports bilateral diffuse paraspinal area pain with radiation down the right posterior thigh. Objective findings include facial tenderness over the left sciatic notch. He was recommended to continue Norco, lumbar MRI, and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE SESSIONS OF CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend up to eighteen visits of chiropractic care with evidence of objective functional improvement from the initial six visit trial. The documentation submitted did not provide evidence of objective functional improvement and therefore, efficacy cannot be determined to support the need for additional

therapy at this time. The request for twelve sessions of chiropractic treatment is not medically necessary or appropriate.

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 305..

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state MRI of the lumbar spine may be indicated if unequivocal objective findings that identify specific nerve compromise on the neurological examination are present. When the neurological examination is less clear, further physiological evidence of the nerve dysfunction should be obtained before ordering an image study. The documentation submitted did not provide evidence of nerve compromise on a neurological examination. The lack of documentation does not meet guideline requirements. The request for an MRI of the lumbar spine is not medically necessary or appropriate.