MAXIMUS Federal Services

| Case Number: | CM13-0067516 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 10/19/2012 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

## 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 Physical Medicine and Rehabilitation, 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 31-year-old who was injured on October 19, 2012. He bent over to load a box and it fell from the truck. He reported low back pain. PR2 dated December 6, 2013 indicates the patient presents with complaints of a significant flare-up of pain of the low back radiating down to the right lower extremity. He rates this pain as 8/10. On exam, he has limited flexion and extension of the lumbar spine due to pain with significant muscle spasms; seated straight leg raise test is positive at 75 degrees on the right. He has an antalgic gait. PR2 dated October 31, 2013 states the patient complains of low back pain rated as constant at 4-7/10. Physical findings revealed moderately restricted straight leg raise test; and a positive EMG for right L5-S1 radiculopathy. The low back pain became severe after repetitions of lumbar flexion. The patient is diagnosed with lumbosacral sprain/strain. The treatment plan is chiropractic treatment, only reexams for monitoring and referral; and requesting ongoing pain management with [redacted] as well as 6 visits of physical therapy and an orthopedic consultation with [redacted]. PR2 dated September 19, 2013 reports an authorization is being requested for the chiropractic treatments, 6 chiropractic visits as well as 8 visits of physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT/MANIPULATIONS: EVALUATION AND MANAGEMENT OFFICE VISITS FOR ONE FOLLOW UP VISIT (2 VISITS IN TOTAL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. The medical records document the patient has had ongoing complaints of low back pain that ranged from 3-6/10 on September 19, 2013, to 8/10 on November 7 and December 6, 2013. The patient was reportedly treating with a chiropractor as of September 19, 2013 when a request for authorization was made for six chiropractic visits. It is unknown if these visits took place or if they were successful; however, on October 31, 2013 it was reported by his chiropractor that there was no longer a request for chiropractic treatment only re-exams for monitoring and referral. The patient was subsequently seen at a pain medicine clinic where he was being treated and referred for additional treatments relating to his ongoing lumbar pain and radiculopathy. The medical records provided do not establish the need for ongoing manipulations and follow up visits with a chiropractor as his pain levels and symptoms continued to increase following the chiropractic visits. The request for chiropractic treatment/manipulations: evaluation and management office visits for one follow up visit (two visits in total) is not medically necessary or appropriate.