

<b>Case Number:</b>	CM13-0069135		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/15/1989
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 78-year-old male who reported an injury on 11/07/1997. The mechanism of injury was not submitted. The patient was diagnosed with recurrent facet fixation, right L4-5, mechanical back pain, and status post laminectomy and discectomy at L3-4 and L4-5. The patient was seen for acute low back pain with a flexion antalgia due to sharp pain with catch at the right L4-5, along with some right leg radicular involvement to the posterior knee. The documentation stated the patient never fully recovered from the November fall, presumably due to insufficient allowance of care. The patient continued to suffer from Parkinson's disease, in addition to recurrent back pain. Objective findings revealed a shuffled gait. Range of motion tests were not possible due to right low back pain and a catch. The patient had a positive straight leg raise of 30 degrees bilaterally. The patient was recommended 6 visits of chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX VISITS OF CHIROPRACTIC TREATMENT:** Upheld

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

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

**Decision rationale:** The California MTUS states manual therapy and manipulation for recurrence/flare-ups needs to be re-evaluated for treatment success. The guidelines also state if return to work is achieved, then 1 to 2 visits per week every 4 to 6 months is recommended. The patient was treated with previous chiropractic treatment. However, no objective clinical documentation was submitted for review indicating continued functional deficits from the patient's previous chiropractic treatment. The request for six visits of chiropractic treatment is not medically necessary and appropriate.