

<b>Case Number:</b>	CM13-0069505		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 60-year-old male with date of injury of 02/08/2012. Per treating physician's report 07/23/2013, the patient's listed diagnoses are: Status post bilateral total hip replacement, unstable lytic spondylolisthesis at L5-S1. This orthopedic report states that patient is doing better since second total hip replacement on 06/06/2013, currently going through physical therapy for hips and the treater did not feel that patient will require lumbar surgery given that the patient's overall symptoms have improved. Another report from 09/09/2013 has the same diagnoses, patient is apparently going through physical therapy and swimming, having trouble walking with pain from his back into his thigh areas, and the treatment recommendation was to add lumbar spine to his therapy program and that patient may require repair of the spondylolisthesis. 10/16/2013 report by treater requests MRI of the lumbar spine given the patient's persistent pain. No discussion regarding chiropractic treatments. Report from 06/04/2013 by chiropractic treater, who indicates that patient has already received over 24 visits for his claim, so the patient will be charged for [REDACTED] as his primary treating physician. The patient had returned due to flare-up of his low back pain. Report by chiropractic treater 04/19/2013, states that the patient has a flare-up and patient is to be treated 3 to 4 times for this flare-up. The patient's work status was that he was retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DOS: 9/11/13 - CHIROPRACTIC TO LUMBAR X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58 and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.

**DOS: 8/14/13 CHIROPRACTIC TO LUMBAR X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58

and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.

**DOS: 10/8/13 CHIROPRACTIC TO LUMBAR X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58 and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.

**DOS: 10/11/13 CHIROPRACTIC TO LUMBAR X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were

to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58 and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.

**DOS: 10/15/13 CHIROPRACTIC TO LUMBAR X 1:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58 and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.

**DOS: 10/22/13 CHIROPRACTIC TO LUMBAR X 1:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic low back pain with spondylolisthesis at L5-S1. The patient also suffers from bilateral hip joint pain with history of bilateral hip joint arthroplasty. The request is for chiropractic treatments received at various dates including 09/11/2013, 08/14/2013, 10/08/2013, 10/11/2013, and 10/15/2013. Chiropractic treatments were to the lumbar spine. Medical records were reviewed from the chiropractic treating physicians with reports dated from 02/04/2013 to 07/17/2013. The orthopedic notes were also reviewed from July to October 2013. The orthopedic notes did not discuss patient's chiropractic treatments but the chiropractic treater mentions on a couple of his reports such as 06/04/2013 that the patient is maxed out 24 sessions of chiropractic treatments in the past. Unfortunately, there are no chiropractic reports available from the dates of the treatments, but based on the request, the patient appears to have provided with chiropractic treatments in the above listed dates. MTUS Guidelines have clear discussion regarding chiropractic treatments. MTUS Guidelines page 58 and 59 under manual therapy and manipulation states that for low back, total of 18 visits over 6 to 8 weeks are allowed. Elective and maintenance care is not medically necessary. However, for recurrence or flare-ups, 1 to 2 visits every 4 to 6 months if return to work is achieved. In this patient, return to work is not achieved as the patient is retired and is not working. Therefore, chiropractic treatments are not indicated whether or not there are flare-ups, and whether or not there is subjective improvement from the treatments. Recommendation is for denial.