

<b>Case Number:</b>	CM14-0004245		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, 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 Physician 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 50-year-old male who has submitted a claim for Lumbar musculoligamentous sprain/strain and right lower extremity radiculitis associated with an industrial injury date of 01/31/2012. Medical records from 2012-2014 were reviewed. The patient had chronic low back pain radiating to both legs. He had difficulty bending, stooping, lifting, stair climbing and arising from seated and lying down positions. On physical examination, there was reduced lumbar spine range of motion, paraspinal tenderness, positive right straight leg raise test, negative sacroiliac joint tests, and increased axial back pain with extension. There is normal lower extremity sensation, muscle strength and reflexes. MRI of the lumbar spine, dated 01/31/12, showed disc desiccation and 2.8 to 3mm annular concentric and bilateral lateral disc protrusions at the L4-L5 and L5-S1 levels with mild central canal and mild bilateral lateral recess and neuroforaminal stenosis. Treatment to date has included medications, physical therapy, acupuncture, self-guided exercise and therapy program, chiropractic treatments, and lumbar medial branch blocks. Utilization review dated 1/03/2014 modified the request of 8 chiropractic treatments to low back; exercise rehab with modalities: with traction. Six chiropractic treatments to low back; exercise rehab with modalities: with traction was certified instead since guidelines recommend a trial of six chiropractic sessions over 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 CHIROPRACTIC TREATMENTS TO LOW BACK, EXERCISE REHAB WITH MODALITIES: WITH TRACTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines page 58 indicates that manipulation for the low back is recommended as an option. There should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, a progress report dated January 2013 showed that the employee previously attended a course of chiropractic manipulative therapy with unspecified quantity and lack of proper documentation. It is not clear as to how many chiropractic treatments have been completed by the employee. Furthermore, evidence of objective functional improvement from chiropractic treatment has not been documented. Additional information is necessary before evaluation for need of continued chiropractic sessions can be done. Therefore, the request for 8 Chiropractic treatments to low back, exercise rehab with modalities: with traction is not medically necessary.