

<b>Case Number:</b>	CM14-0006001		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 in Chiropractic Medicine 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 33-year old male, born on 12/28/1980, who experienced a work-related injury on 02/07/2013 when he developed sudden onset of low back pain in the locker room at his work. He initially treated in the ER at [REDACTED] where imaging studies were performed and he was given Dilaudid and discharged the next day with a back brace. Lumbar spine CT of 02/07/2013 revealed disc bulges at L4-5 and L5-S1 without significant foraminal stenosis, no significant central foraminal stenosis, and possible muscle spasm with no acute bony changes. Lumbar spine MRI of 02/07/2013 revealed early degenerative changes at L4-5 and L5-S1 with mild annular bulges at both levels, mild impingement of exiting left L4 root and right L5 root by encroaching discs, and transiting right S1 root may be mildly impinged. In orthopedic re-evaluation on 10/02/2013, the patient reported persistent pain in the low back aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Examination findings of 10/02/2013 revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion, seated nerve root test positive, and dysesthesia at the L5 and S1 dermatomes on the right. The patient had reportedly benefited with chiropractic care, yet there was no evidence of comparative measured functional improvement noted. Per AME (Agreed Medical Examination) examination on 11/12/2013, the patient was determined permanent and stationary having achieved maximum medical improvement. In orthopedic re-evaluation on 11/13/2013, the patient reported persistent pain in the thoracic spine and low back radiating to the lower extremities with numbness and tingling. Examination on 11/13/2013 revealed dorsolumbar spine tenderness, pain with terminal motion, seated nerve root test positive, and dysesthesia at the L5 and S1 dermatomes. The physician reported the patient could continue with a course of physiotherapy chiropractic care. On 12/12/2013, there was a request to continue with chiropractic care at a frequency of 2 times per week for 4 weeks. Information provided for this

review indicates the patient treated with chiropractic care on at least 26 treatment sessions since March 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 CHIROPRACTIC TREATMENTS FOR THE LUMBAR SPINE: 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, MANUAL THERAPY & MANIPULATION,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

**Decision rationale:** The request for 8 chiropractic treatment sessions is not supported to be medically necessary. Submitted records indicate the patient treated with chiropractic care on at least 26 occasions since March 2013, without evidence of functional improvement noted. The request for additional chiropractic care exceeds MTUS recommendations in both number and duration and is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There was no evidence of objective functional improvement achieved with past chiropractic treatment, no evidence of recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary; therefore, the request for 8 chiropractic treatment sessions is not medically necessary and appropriate.