

<b>Case Number:</b>	CM14-0006334		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Board Certified in Chiropractic 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 53-year-old female, with a reported date of injury on 08/10/2011. The patient underwent lumbar spine MRI (magnetic resonance imaging) on 08/24/2011 with findings reported of mild degenerative change in the lower lumbar spine, no stenosis or definite root compression, and small central protrusion at L4-5. On 01/11/2013, the patient was referred for acupuncture care. The patient underwent orthopedic consultation on 02/01/2013 reporting a history of being a salesperson and carrying heavy metal cases around and she fell on her buttocks some time ago and has problems ever since, now complaining of low back pain, left hip pain, groin pain, and pain to the top of her foot on the left side, with incontinence of both bladder and bowel. On 02/01/2013, a physical examination was performed, and she was to be given an epidural at L4-5. The notes of 04/10/2013, 05/21/2013 and 07/02/2013 report acupuncture and physical therapy (PT) had been helping. The 09/16/2013 note indicates acupuncture had been helping with pain and inflammation, and there was a request for acupuncture at a frequency of 2-3 times per week for 2 months. There is an undated Request for Authorization for Medical Treatment with a request for chiropractic care at a frequency of 2 times per week for 4 weeks and continue acupuncture at a frequency of 1 time per week for 12 weeks. The notes of 10/15/2013 and 12/02/2013, report chiropractic care had been approved for 6 visits. On 10/15/2013, there was a request for continued chiropractic care 1-2 times per week for 18 visits. On 12/02/2013, the diagnoses were reported as 724.4 (unspecified thoracic or lumbosacral neuritis or radiculitis), 596.54 (neurogenic bladder), and 564.81 (neurogenic bowel), with a request for additional chiropractic care, 18 visits total. The work status report of 12/02/2013 notes the patient was to remain off work until 03/15/2014. Handwritten chart notes, which appear to be from an unidentified chiropractor, indicate the patient presented for care on 9 occasions from 09/19/2013 through 10/21/2013 and treated with spinal manipulation, electrical muscle stimulation,

intersegmental traction, and myofascial release. There is no evidence of measured objective functional improvement with chiropractic care rendered and per recent documentation, the patient was to remain off work until 03/15/2014, with no record she has returned to work to date.

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

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

#### **18 ADDITIONAL SESSIONS OF CHIROPRACTIC TREATMENT TO THE LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58-60.

**Decision rationale:** The request for chiropractic treatment sessions is not supported to be medically necessary. The submitted records indicate the patient has treated with chiropractic care beyond a 6-visit trial. She was to remain to remain off work until 03/15/2014, with no record she has returned to work to date. The request for additional chiropractic care exceeds MTUS recommendations in both frequency and duration and is not supported to be medically necessary. The MTUS (Chronic Pain Medical Treatment Guidelines) 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. From the documentation submitted for review, 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 chiropractic sessions is not medically necessary.