

<b>Case Number:</b>	CM14-0006593		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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, 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 32-year-old male, born on 05/17/1982, who sustained injury to his lower back on 08/23/2013 after pushing a heavy column at work. Checklist style chiropractic chart notes report the patient treated on 11/20/2013, 11/22/2013, 11/25/2013, 12/02/2013, 12/06/2013, 12/09/2013, 12/13/2013, 12/16/2013, 12/18/2013, 12/20/2013, 12/27/2013, and 01/03/2013. The chiropractic documentation does not provide historical information, record of comparative measured subjective or objectives, evidence of functional deficits, evidence of improvement with care, diagnosis or treatment plan with measurable goals. The patient presented for lower extremity electrodiagnostic studies on 01/02/2014. He reported since a work-related injury on 08/23/2013 he had been experiencing pain, numbness and weakness of the lower back, legs, and feet. The impression was reported as: 1. although there was no spontaneous activities in the distal enervated muscles of the lower extremities, increased membrane irritability and trace positive sharp waves in the right L5, S1 paraspinal muscles are supportive of lumbar radiculopathy at this level. 2. No electrophysiological evidence of entrapment neuropathy on the peritoneal and tibial nerves. 3. No electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. On 01/03/2014, the patient underwent lumbar MR with the impression noted as: 1. Straightening of the lumbar spine that may be due to positioning and/or muscle spasm. 2. At L4-L5, there is a 3 mm posterior central broad-based disc protrusion with mild to moderate narrowing of the thecal sac due to prominence of the epidural fat. Bilateral facet hypertrophy and ligamentum flavum thickening are seen. 3. At L5-S1, there is a 2 mm posterior disc bulge with moderate narrowing of the thecal sac due to prominence of the epidural fat. 4. The neural foraminal are normal at all levels. There is a request for 18 chiropractic visits for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC 3X6 FOR LUMBAR SPINE:** 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 Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The request for 18 chiropractic visits for the lumbar spine is not supported to be medically necessary. The MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, 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. Checklist style chiropractic chart notes report the patient treated on 11/20/2013, 11/22/2013, 11/25/2013, 12/02/2013, 12/06/2013, 12/09/2013, 12/13/2013, 12/16/2013, 12/18/2013, 12/20/2013, 12/27/2013, and 01/03/2013. The chiropractic documentation does not provide historical information, record of comparative measured subjective or objectives, evidence of functional deficits, evidence of improvement with care, diagnosis or treatment plan with measurable goals. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrences/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported. The request for 18 chiropractic visits for the lumbar spine exceeds MTUS recommendations and is not supported to be medically necessary.