

<b>Case Number:</b>	CM14-0009576		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 41-year-old male with a 9/4/12 date of injury when he injured his low back while lifting a large roller. He has been treated with 8 sessions of chiropractic treatment, acupuncture, activity modification, lumbar ESI, and medication. Most recently the patient noted slight improvement in the low back and reported 60% improvement in pain with the ESI. 7/26/13 note did not indicate that there was any specific improvement from rendered chiropractic care. A spine referral was requested to address lumbar spine protrusions with extrusion, and obtain treatment. On 8/20/13 an Orthopedic evaluation indicated strength loss in the left lower extremity, sensory reduction on the left L5 and S1 dermatomes, and positive SLR. A series of ESI, PT, and acupuncture were recommended. On 11/26/13 an Orthopedic evaluation indicated ongoing strength and sensory deficits, as well as positive SLR on the left. A lumbar ESI was pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIROPRACTIC TREATMENT 2 X 4 LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** Medical necessity for the requested additional chiropractic treatment is not established. The patient has completed 8 sessions of chiropractic treatment, and provided medical records did not discuss any functional improvement or reduction in VAS scores attributed to this treatment. An orthopedic evaluation was performed and revealed sensory and strength deficits, as well as positive SLR. MRI revealed spinal canal stenosis and protrusions/extrusions in the lumbar spine. Additional chiropractic treatment is supported by guideline criteria, when there is evidence of functional improvement from renter treatment. There is no documentation of subjective or objective improvement following the rendered sessions of chiropractic treatment. Furthermore, manipulative therapy is generally not supported when there is evidence of radiculopathy. The adverse determination is upheld and Additional Chiropractic Treatment is not medically necessary.