

<b>Case Number:</b>	CM14-0105572		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 a Licensed Chiropractor 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 43-year-old female born on 08/22/1970. She has a date of injury on 05/29/2013, but no historical information or record of the biomechanics of injury was provided for this review. On 01/08/2014, the orthopedist reported the patient had continued chiropractic care which had been beneficial. By examination on 01/08/2014, the patient walked without antalgic gait and was able to heel and toe walk without difficulty. There was tenderness to palpation over the upper, mid and lower lumbar paravertebral muscles. Range of motion was lumbar flexion 20, bilateral lateral lumbar bending 20, right lateral lumbar rotation 25, left lateral lumbar rotation 20, lumbar extension 15. Straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability, and there was diminished sensation in the bilateral S1 distribution, right worse than left. Diagnoses were noted as lumbar radiculopathy and degenerative joint/degenerative disc disease of the lumbar spine with protrusion at L5-S1. The provider recommended the patient continue with therapy. On 02/05/2014 and 03/05/2014, the orthopedist reported the patient had been continuing chiropractic care, and he recommended she continue with therapy. In medical follow-up on 03/24/2014, the patient had flare-ups of pain with increased work activity. She had continued with treatment including chiropractic care which had been helpful, and the provider recommended she complete therapy. In medical follow-up on 04/09/2014, the patient had some flare-ups of lower back pain without obvious cause, and the physician recommended the patient complete with chiropractic therapy. In medical follow-up on 04/09/2014 and 05/27/2014, the provider recommended the patient complete therapy. By examination on 05/27/2014, the patient walked with no antalgic gait and was able to heel and toe walk without difficulty; by palpation there was tenderness over the upper, mid and lower lumbar paravertebral muscles. Range of motion was lumbar flexion 30, bilateral lumbar bending 20, right lateral lumbar rotation 20, left lateral lumbar rotation 25, lumbar extension 15. Straight leg

raising and rectus femoris stretch sign did not demonstrate any nerve irritability, and there was diminished sensation in the bilateral S1 distribution, right worse than left. Diagnoses were noted as lumbar radiculopathy, degenerative joint/degenerative disc disease of the lumbar spine with protrusion at L5-S1. Submitted information notes the patient had 24 prior authorized chiropractic visits. Most recently, 12 chiropractic visits were approved for 02/11/2014 through 06/11/2014, and 3 visits had been approved for 06/05/2014 through 10/06/2014.

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

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

**Chiropractic 2x per week for 6 weeks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** 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 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. 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. The patient has reportedly had 24 prior authorized chiropractic visits, and recently 12 chiropractic visits were approved for 02/11/2014 through 06/11/2014, and 3 visits had been approved for 06/05/2014 through 10/06/2014. No chiropractic clinical documentation was provided for this review, and the clinical documentation provided from the physician, reporting services from 01/08/2014 through 05/27/2014, reports subjective complaints and objective findings essentially unchanged. There is no documentation 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 recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment at a frequency of 2 times per week for 6 weeks (12 visits total) exceeds guidelines recommendations and is not supported to be medically necessary.