

<b>Case Number:</b>	CM14-0107883		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Acupuncture 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 injured worker is a 60 year old male who reported low back pain from an injury sustained on 12/18/09 after reaching for a ream of paper. MRI of the lumbar spine revealed degenerative disc disease; L2-3 6mm disc bulge with bilateral nerve root impingement and L5-S1 facet arthropathy. The patient is diagnosed with lumbosacral segment dysfunction; lumbar sprain/strain; lumbar intervertebral disc displacement without myelopathy; lumbalgia and spasm of muscle. The patient has been treated with medication and chiropractic. Per the medical notes dated 01/06/14, the patient continues to see his chiropractor for episodic sessions of working out muscle spasms across his low back. He is noticing a little bit of mild tightness to the right low back. Per medical records notes 06/25/14, the patient has been walking more, exercising more and thus his low back and gluteus is much tighter. Lumbar range of motion is slightly limited with dull/achy pain and muscle guarding noted near end-range. Per medical notes dated 07/07/14, the patient has suffered a flare-up/ exacerbation with walking and exercising. Per medical notes dated 07/29/14, the patient complains of low back pain, right more than left. The patient complains of dull, achy, throbbing for the most part and sharp pain on occasion. He notes numbness and tingling on the right lower extremity. Pain is rated at 5-6/10 with episodes of 8/10. The patient is working full time without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy x 3 sessions to treat Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation> Page(s): page(s) <58-59>.

**Decision rationale:** Per MTUS Chronic Pain medical treatment guideline - Manual therapy and manipulation page 58-59: Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain sin functional improvements that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks the patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has had prior chiropractic treatments with symptomatic and functional relief with prior treatment. Per medical notes dated 06/25/14, the patient had a flare-up from walking more; lumbar range of motion is slightly limited with dull/achy pain with muscle guarding noted near end-range. Per medical notes, patient only gets relief with medication and chiropractic for his flare-ups. Maintenance care is not recommended per guidelines; however, the patient had a flare-up and guidelines support additional treatment. Patient is working full time. Provider is recommending 3 chiropractic visits which seem reasonable for exacerbation of symptoms and should be authorized. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, the requested Chiropractic Therapy x 3 sessions is medically necessary.