

<b>Case Number:</b>	CM14-0010399		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/14/2014
<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 Occupational 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 40-year-old male who has submitted a claim for spondylolisthesis and lumbar intervertebral disc displacement associated with an industrial injury date of May 14, 2004. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of ongoing low back pain which would elevate with her activities of daily living. The pain would radiate down his left leg. The physical examination revealed hypertonicity of the lumbosacral musculature without myospasms. The lumbar range of motion was restricted in both flexion and extension with pain at end points. The range of motion was approximately 45 degrees flexion and 15 degrees extension. Kemp's maneuver was positive bilaterally. Deep tendon reflexes were within normal limits. Treatment to date has included physical therapy, chiropractic therapy, epidural steroid injections, and medications, which include cyclobenzaprine, Naproxen, Lidoderm patches, Ultracet, Protonix, Tramadol and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Chiropractic Therapy Treatment for 6 Sessions to The 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter: Manipulation.

**Decision rationale:** According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended as an option for low back pain and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is supported. However, elective or maintenance care is not medically necessary. In this case, the patient has completed an unspecified number of chiropractic therapy sessions. Although there were descriptions of the procedures done, there was no documentation of objective evidence such as decrease in pain score, improvement in functionality with activities of daily living and decrease in medication use. The rationale for the request was to address potential flare-ups however objective findings from the clinical records submitted do not report of a current flare-up. The pain level remained constant from the recent progress reports. It is also not clear whether the number of previous sessions exceeded the recommended number of visits given the lack of documentation. Additional information is necessary at this time. Therefore, the request for continued chiropractic therapy treatment for 6 sessions to the lumbar spine is not medically necessary.