

<b>Case Number:</b>	CM14-0011642		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 62-year-old male who has submitted a claim for lumbar discopathy/segmental instability, rule out internal derangement left hip, and cervicalgia, associated with an industrial injury date of August 13, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of hip pain and low back pain radiating to both lower extremities accompanied by numbness and tingling. Physical examination revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia along the L5 and S1 dermatomes. Tenderness was noted over the left hip and pain was reported upon rotation. Treatment to date has included cortisone injections, medications, physical therapy and chiropractic treatment. Utilization review from January 16, 2014 denied the request to continue with a course of physiotherapy chiropractic care twice a week for four weeks because the patient already received authorization for therapy but there was no documentation that showed any functional improvement or progress made with therapy. Without objective evidence of functional improvement, guidelines do not support additional chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue with a course of physiotherapy chiropractic care; 2 x4weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 9792.24.2, Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

**Decision rationale:** According to page 173 of the ACOEM Guidelines, cervical manipulation may be an option for patients with neck pain or cervicogenic headache but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. 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 following treatment sessions. Patient's symptomatology and physical examination findings remained essentially unchanged according to 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 CONTINUE WITH A COURSE OF PHYSIOTHERAPY CHIROPRACTIC CARE; 2 X4 WEEKS is not medically necessary.