

<b>Case Number:</b>	CM14-0113454		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant was a 65 year old male who was involved in an industrial injury that occurred on May 6, 2013 while employed by [REDACTED] as a territorial manager. He was involved in a hit and run accident. Thus far treatment has consisted of medications, chiropractic treatment and acupuncture treatment, which was reducing the symptoms by 12 percent. The claimant underwent an x-ray of the lumbar spine dated 6/7/13 demonstrating no fractures or listhesis, partially lumbarized S1 vertebral body is seen, degenerative disk disease at L1/2, L2/3 and L5/S1. Upon review of chiropractic examination reports dated 5/17/14, 5/2/14,5/24/13, 5/22/135/29/14,5/31/14, 6/4/13, 6/5/13,6/7/13, 6/10/13, 6/12/13, 6/14/13, 6/19/13,6/21/3, 6/27/13, 7/2/14, 7/4/14, 7/10/14, 7/16/13, 7/19/13, 8/2/13, 9/3/13, 9/13/13, 11/1/13, 11/6/13, 11/13/13, 11/20/13, 12/5/13, 12/11/13, 12/18/13 the applicant was feeling initially a little better and then continued to remain the same with no further improvement as the chiropractic treatment continued. The lower back pain was rated an 8/10, then a 9/10, to a 6/10 then a 5/10 which has remained a 5/10 for the most recent prior 12 visits (10 being the worst). His symptoms were continued to be aggravated by bending, coughing, drives, plays golf, lifts, sneezes, standing up and is under stress at work. His symptoms improve with rest and NSAIDs. There was no indication of any improvement with lumbar range of motion; the same mobile segments were indicated as being hypomobile of the right S1, L4 and L5, hyperesthesia of left S1 and right S1, moderate inflammation over the lower back, severe tender taut fibers over the lower back, there was no change with regards to any improvement of lumbar orthopedic testing. Treatment continued to consist of manipulation 3-4 regions, CMT to the extremity, mechanical traction, electrical stimulation, therapeutic exercise and manual therapy. The applicant was diagnosed with thoracic or lumbosacral neuritis/radiculitis, unspecified, herniation or displacement of lumbar disc w/out myelopathy,

cervical sprain/strain, intercostals neuralgia, hip and lumbar sprain/strain. It was noted that the prognosis for the applicant was fair because the applicant was experiencing mixed results with chiropractic therapy. Upon review of medical re-evaluation report dated 1/7/14, chiropractic treatment was indicated as being helpful, keeping his symptoms manageable and tolerable. Chiropractic treatment was recommended at this point to be continued at a rate of one time per week for twelve weeks. His work status consisted of lifting limit of 10 pounds, no squatting or kneeling, stretching as needed. In a utilization review dated 6/18/14 the reviewer determined chiropractic treatment one time per week for 12 weeks to the lower back was not medical necessary and non-certified. The reviewer indicated the applicant was reporting on 20 percent reduction in symptoms with previous treatments. There was no documentation of medication sparing effect or significant functional improvement noted to warrant additional treatments at this time. The request was not consistent within the CA MTUS 2009 manual therapy and manipulation guidelines and non-certification was recommended.

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

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

**Chiropractic treatment, 1 x 12 weeks, for the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -8.C.C.R 9792.20-9792.26 Manual Therapy & Manipulation, pages 58-60 Page(s): 58-60.

**Decision rationale:** The applicant was a 65 year old male who was involved in an industrial injury that occurred on May 6, 2013 while employed by [REDACTED] as a territorial manager. He was involved in a hit and run accident. Upon review of various chiropractic examination/treatment reports there has not been any significant demonstrative improvement with regards to the applicant's lower back complaints. His symptoms were continued to be aggravated by bending, coughing, drives, plays golf, lifts, sneezes, standing up and is under stress at work. His symptoms improve with rest and NSAIDs. There was no indication of any improvement with lumbar range of motion; the same mobile segments were indicated as being hypomobile of the right S1, L4 and L5, hyperesthesia of left S1 and right S1, moderate inflammation over the lower back, severe tender taut fibers over the lower back, there was no change with regards to any improvement of lumbar orthopedic testing. Treatment continued to consist of manipulation 3-4 regions, CMT to the extremity, mechanical traction, electrical stimulation, therapeutic exercise and manual therapy. The applicant was diagnosed with thoracic or lumbosacral neuritis/radiculitis, unspecified, herniation or displacement of lumbar disc w/out myelopathy, cervical sprain/strain, intercostals neuralgia, hip and lumbar sprain/strain. It was noted that the prognosis for the applicant was fair because the applicant was experiencing mixed results with chiropractic therapy. The proposed chiropractic treatment one time per week for 12 weeks is not medically necessary and not sanctioned under the CA MTUS Manual Therapy and Manipulation Guidelines. The MTUS Chronic Pain Chiropractic guidelines indicate that manual therapy and manipulation for low back is recommend with evidence of functional improvement as well as a successful return to work. The medical records reviewed do

not indicate any specific documented functional improvement from chiropractic manipulation. The guidelines also indicated that elective maintenance care is not medically necessary.