

<b>Case Number:</b>	CM14-0120696		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/05/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 45-year-old male born on 09/09/1968. The date of injury is noted as 01/05/2006, but no history of injury was provided for this review. The patient returned for chiropractic care on 03/18/2014 reporting a lower back and dorsolumbar spine flare-up, which began approximately 1 week earlier. The patient rated his symptoms 7/10 intensity, reportedly above his normal P&S level. He reported decreased function including difficulty bending, twisting and lifting. Lower back range of motion (ROM) was noted as flexion 50 /90 , extension 15 /30 , bilateral lateral flexion 20/30 , and bilateral rotation 20 /30 . Straight leg raise was reported positive at 45 bilaterally for lower back pain; and Kemp's, Bechterew's, Nachlas, Ely's and Hibb's were reported positive for lower back pain. The patient was diagnosed with lumbar facet syndrome (724.8), lumbar myofasciitis (729.1), and lumbar spondylosis with radiculopathy (721.3). The patient's subjective and objective findings were reported above his normal P&S levels. The provider reported the patient has a chronic condition with persistent symptoms that are generally tolerable. The patient was to continue with the home care program of stretching and strengthening exercise as well as ice and heat treatments. The chiropractor recommended seeing the patient 4 more times over the next 4 weeks. The patient was to attempt to continue with his normal work duties. The patient returned for chiropractic care on 07/02/2014 reporting a flare-up to his lower back and dorsolumbar spine, which began approximately 5 days earlier. Lower back pain was rated 7-8/10 and symptoms were reported above his normal P&S. The patient reported decreased function including difficulty bending, twisting and lifting. Lower back ROM was noted as flexion 45 /90 , extension 20 /30 , bilateral lateral flexion 20 /30, and bilateral rotation 20 /30 . Straight leg raise was reported positive at 45 bilaterally for lower back pain; and Kemp's, Bechterew's, Nachlas, Ely's and Hibb's were reported positive bilaterally for lower back pain. The patient was diagnosed with lumbar facet syndrome (724.8), lumbar myofasciitis

(729.1), and lumbar spondylosis with radiculopathy (721.3). The patient's subjective and objective findings were reported above his normal P&S levels. The provider reported the patient has a chronic condition with persistent symptoms that are generally tolerable. The patient was to continue with the home care program of stretching and strengthening exercises as well as ice and heat treatments. The chiropractor recommended seeing the patient 4 more times over the next 4 weeks. The patient was to attempt to continue with his normal work duties. There is a current request for 5 chiropractic visits.

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

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

#### **Chiropractic Visits: Quantity 5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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 low back 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. Elective/maintenance care is not medically necessary. 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 returned for chiropractic care on 03/18/2014 for treatment of a flare-up and 5 treatment visits were requested. The patient returned for chiropractic care on 07/02/2014 for treatment of a flare-up and 5 treatment visits were requested. 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 documentation of prior treatment success, and the treatment frequency (5 visits beginning 03/18/2014 and 5 visits beginning 07/02/2014) exceeds recommendations of 1-2 visits every 4-6 months. Elective/maintenance care is not supported. The request for 5 chiropractic treatment visits exceeds MTUS recommendations and is not supported to be medically necessary.