

<b>Case Number:</b>	CM14-0135620		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 20 year old male involved in an industrial injury that occurred on May 6, 2014 while employed by [REDACTED]. He sustained an injury to the lower back while lifting. In review of a medical report dated 6/6/14, there were subjective complaints of thoracic and lumbar pain. The medical records indicated that the applicant reported no change with limited mobility, bending and difficulty with lifting. He is working modified duty. Neurological examination and circulatory was normal, there was muscle spasm and tenderness of the thoracic and lumbar paraspinals and myalgia. A diagnosis was given as: lumbar spine sprain/strain with spasm, bilateral sacroilitis, thoracic sprain/strain with trigger points and spasm. In review of a medical report dated 6/25/14 there were continued subjective complaints of pain and tenderness in the upper and lower back, L1-L3 levels, muscle spasms and decreased lumbar ranges of motion and a diagnosis of thoracic spine sprain/strain and arthralgia, lumbar musculoligamentous sprain/strain and lumbar spine arthralgia. X-rays of the thoracic and lumbar spine were indicated as being unremarkable. The applicant takes Ibuprofen, Norflex and an analgesic balm as well as given a rib belt thoracic brace and hot/cold pack. The records indicated that the medications were not helpful. Trigger point injections were administered to the lumbar region with some improvement and an MRI of the lumbar spine. Upon review of PR-2 chiropractic examination report dated 7/15/14 there were subjective complaints of low back pain are constant severe radiating pain and weakness, mid back pain constant/frequent moderate to severe pain and stiffness, improving, bilateral knee pain frequent moderate to severe pain and stiffness slight improvement. There was severe to moderate palpable tenderness, slightly improved ranges of motion, orthopedic testing revealed positive Kemps, straight leg raise, right Braggards, Ely's Milgrams Valsalvas +3/5 heel and toe walk, thoracic spine moderate palpable tenderness hypertonic upper paraspinal muscles .In a utilization review

dated 8/13/14 the reviewer determined the proposed 8 chiropractic and physiotherapy visits for the lumbar spine over 30 days was non-certified. The reviewer indicated the CA MTUS guidelines have provision for a trial of 6 sessions with evidence of measurable functional data from an initial trial with residual deficits to potentially warrant additional treatment. The reviewer indicated the documentation submitted was incomplete and insufficient to determine that the associate has responded and had measurable functional deficits.

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

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

#### **8 Chiropractic and therapy visits for the lumbar spine over 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The applicant was a 20 year old male involved in an industrial injury that occurred on May 6, 2014 while employed by [REDACTED]. He sustained an injury to the lower back while lifting. The CA MTUS Chronic Pain Medical Treatment Guidelines-- 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation, pages 58-60, recommends chiropractic treatment to the low back as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation shows there was continued significant decreased lumbar ranges of motion and no specific improvement in function. The guidelines require evidence of measurable functional data from an initial trial with residual deficits to potentially warrant additional treatment. The submitted documentation was incomplete and insufficient to determine that the associate had responded and had measurable functional deficits. The requested 8 sessions of chiropractic treatment is not medically necessary and appropriate and not sanctioned under the MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy and Manipulation Section. The 8 requested treatments over 30 days to the lumbar spine exceed the guidelines. The guidelines do not allow a modification in treatment.