

<b>Case Number:</b>	CM14-0146316		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 25-year-old male with a date of injury of 07/01/2014. The listed diagnosis per [REDACTED] is low back pain. According to progress report 08/12/2014, the patient presents with low back pain that does not radiate. Examination revealed "normal gait, grossly normal tone and muscle strength, range of motion; pain with back flexion, extension and lateral flexion." He is taking ibuprofen. He is unable to sleep or work due to his pain. The treating physician is requesting chiropractic therapy 2 times a week for 3 weeks for the lumbar spine and an MRI. Utilization review denied the request on 08/27/2014. Treatment reports from 07/02/2014 through 08/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy two times a week for three weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58,59.

**Decision rationale:** The treating physician is requesting chiropractic therapy 2 times a week for 3 weeks for the lumbar spine. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. With documentation of functional improvement from prior treatments, MTUS allow for up to 18 visits. Labor code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. The patient has had 6 chiropractic treatments. Report 08/12/2013 states "He would like chiropractic sessions to be renewed as he feels they are helpful." In this case, the patient has reported that prior chiropractic treatments were helpful; however, there is no documentation of significant improvement or documentation regarding medication reduction/reliance on other treatments. Given the lack of documentation of functional improvement with prior treatment, further treatment cannot be recommended. Therefore, this request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The treating physician is requesting an MRI of the lumbar spine. Utilization review denied the request stating that "report did not document neurological findings." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the medical file does not indicate that the patient has had an MRI. But the patient does not present with any radicular symptoms to be concerned about potential radiculopathy, or problems with the nerve roots. Furthermore, there are no red flags such as concerns for cauda equina, fractures, dislocation, tumor, etc. Therefore, this request is not medically necessary.