

<b>Case Number:</b>	CM14-0172277		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Occupational Medicine 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:

This is a 51 year-old male with a 4/26/12 date of injury. The patient was most recently seen on 8/12/14 with complaints of low back pain of 5-6/10, which was worsened by prolonged walking. Exam findings revealed reduced range of motion in the lumbar spine due to pain. There was pain on the spinous processes of L5 and S1, and L4-5 on the midline. There was pain on the facets of L4-5 and L5-S1, left greater than right. Muscle spasm was present from L2 to L5. Straight leg raise and Lasegue's were negative, and Patrick Fabere's was positive more on the left than on the right. Motor strength was 5/5. The patient's diagnoses included: 1) Lumbar sprain with disc bulging of L3-4 of 3-4 mm, leftward bulge with moderate left foraminal stenosis and L4-5 4 mm lateralizing bulge or protrusion with moderate neural foraminal stenosis and canal stenosis with short pedicles. L5-S1 2 mm broad based right greater than left bulge with moderate right greater than left neural foraminal stenosis; 2) Sacroiliac joint arthropathy. Significant Diagnostic Tests: MRI, lumbar spine. Treatment to date: medications; ESI, lumbar times 2; Facet blocks, lumbar; physical therapy; Pain Management consultations. An adverse determination was received on 10/6/14 due to inadequate documentation in the medical records regarding mechanism of injury, medications, surgical history, or diagnostic studies performed. Nor were significant functional deficits described that would indicate the need for chiropractic therapy. In addition, the number of sessions requested (3 times a week for 4 weeks) exceeded the guideline recommendations of 6 visits over 2 weeks, with additional visits based upon evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the lumbar spine 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. This patient has been receiving care for a low back injury that occurred 2-1/2 years ago. He complained of non-radicular pain, and his physical exam showed muscle spasm and tenderness to palpation of the spine and the paraspinal muscles. Although a complete neurological examination was not recorded, motor strength was full and the straight leg raise test was negative. An MRI of the lumbar spine revealed multilevel degenerative disc disease, and the patient has undergone both medial branch blocks and lumbar epidural steroid injections. CA MTUS guidelines recommend chiropractic care in the treatment of non-radicular back pain. They allow for 6 sessions over 2 weeks. Any further visits are based on objective functional improvement that can be attributed to the treatment. However, they also require documentation of functional deficits, as well as functional goals before such treatment is to be initiated. No such documentation was outlined in the medical records provided. Therefore, the request for Chiropractic for the lumbar spine 3 times a week for 4 weeks is not medically necessary.