

<b>Case Number:</b>	CM14-0023673		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 injured worker is a 54-year-old female who reported an injury 09/01/1999, the mechanism of injury was not provided within the medical records. The clinical note dated 03/28/2014 indicated diagnoses of postop lumbar spine, lumbar muscle spasm, sacroiliac joint inflammation, multilevel herniated disc and lumbar spine per MRI and retrolisthesis of lumbar spine per MRI. The injured worker reported pain to the lower back of 5/10 that had improved through chiropractic manipulation. The injured worker reported that chiropractic manipulation had improved her functionality and her range of motion. The injured worker reported it had improved the pain intensity and frequency had improved. The injured worker reported her pain was described as aching, dull and throbbing but had been reduced by lying down and resting while bending, lifting, prolonged sitting, standing, walking, daily activities of living, lateral flexion to the left and lateral flexion to the right aggravated the condition. The injured worker reported chiropractic treatment increased her pain-free lumbar spine active range of motion. On physical examination of the lumbar spine, there was tenderness in the lumbar region bilaterally. The injured worker's trigger points were present in the erector spine bilaterally. The lumbar range of motion revealed flexion was 50, extension was 20, lateral right was 20, lateral left was 20. The injured worker's Kemp's test was positive on the left and the right. The injured worker reported low back pain during the test. The Patrick Faber test was positive on the left and the right. The injured worker's prior treatments have included diagnostic imaging, surgery and medication management. The provider submitted a request for chiropractic 2 times a week times 6 weeks of the lumbar. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### 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 (12 SESSIONS): Upheld**

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

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

**Decision rationale:** The request for CHIROPRACTIC 2XWK X 6WKS LUMBAR is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend 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 active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. The documentation submitted did not indicate the number of sessions of previous chiropractic treatments. In addition, there was lack of documentation of significant deficits. Furthermore, the completed chiropractic therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. Therefore, the request for chiropractic 2 times a week for 6 weeks lumbar is non-certified.