

<b>Case Number:</b>	CM14-0025843		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 66-year-old gentleman, who injured his low back on August 3, 2012, while lifting a television monitor. The records available for review indicate that conservative care has been utilized, including an aggressive course of chiropractic treatment. The report of a May 21, 2013, an MRI scan showed neural foraminal stenosis at L5-S1 bilaterally, with multilevel lumbar degenerative disc disease and moderate foraminal narrowing. A clinical reported dated February 10, 2014, documented low back complaints, painful range of motion, tenderness over the L5-S1 level, and diminished sensation of the bilateral lower extremities in a non-dermatomal distribution. This request is for eight (8) additional sessions of chiropractic care and custom-fit orthotic inserts to the claimant's longitudinal arch for stabilization of the heel to further improve lumbar complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatments twice a week for four (4) weeks to the lumbar spine**

**QTY: 8.00:** 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 Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The Chronic Pain Guidelines indicate that the timeframe to demonstrate efficacy with chiropractic measures would be eight (8) weeks maximum, and that treatments should not exceed eighteen (18) visits for low back pain. The reviewed records document that the claimant's duration of treatment with chiropractic care has exceeded eight (8) weeks and suggest that the claimant has undergone more than eighteen (18) visits. Therefore, this request is not supported as medically necessary.

**Custom fit orthotic inserts QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, updated 02/13/2014), Shoe insoles/shoe lifts.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure, Orthotic devices.

**Decision rationale:** The Official Disability Guidelines recommend that Orthotic devices are indicated for diagnoses of plantar fasciitis that are difficult to care for, as well as for rheumatoid arthritis. There is currently no indication for the use of orthotic devices for low back related complaints or diagnosis. Therefore, this request is not supported as medically necessary.