

<b>Case Number:</b>	CM14-0028202		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 a Licensed 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 patient is a 35-year-old male, born on 08/27/1978. On 05/13/2013, the patient was sitting on a stool with wheels and a student walked behind him and tripped against stool, which pressed the patient against the edge of a table, injuring his right ribs. The patient went to [REDACTED] on 05/13/2013 where he underwent x-rays, was diagnosed with lumbar sprain/strain and chest wall contusion, and he was prescribed medication. He returned to [REDACTED] on 05/20/2013 and was prescribed Tramadol and given a brace for his ribs. On 06/07/2013 the patient was evaluated and provided with chiropractic treatment and returned to work with restrictions. On 06/07/2013 there was a recommendation for chiropractic treatment (frequency and duration not reported) and physiotherapy at a frequency of 2-3 times per week for 6 weeks. The patient underwent initial pain management consultation on 06/18/2013, and Vicodin was prescribed and the patient was to continue his therapy program. The patient underwent a Functional Capacity Evaluation on 06/19/2013. The 07/08/2013 PR-2 reports sharp low back pain and stiffness radiating to the lower extremities and there was a recommendation for chiropractic care at a frequency of 2-3 times per week for 6 weeks. On 08/01/2013, the patient underwent electrodiagnostic testing (EMG/NCV) of the lumbar spine and lower extremities with the impression noted as normal EMG studies with no acute or chronic denervation potentials and left tibial motor neuropathy. The 08/12/2013 PR-2 reports complaints of frequent mild to moderate dull, achy low back pain, stiffness, and heaviness radiating to the bilateral lower extremities with numbness, tingling and weakness, and there was a recommendation for 6 visits of chiropractic and physical therapy at a frequency of 2-3 visits per week for 6 weeks. The patient underwent lumbar spine MRI on 09/05/2013 with the impression noted as L4-5 disc desiccation with disc bulge and central canal and foraminal stenosis. The 09/27/2013 PR-2 reports the patient presented with frequent mild to moderate dull, achy low back pain, stiffness, and heaviness

radiating to bilateral lower extremities with numbness, tingling and weakness, and there was a recommendation for 11 visits of chiropractic treatment and physical therapy 2-3 times per week for 6 weeks. On 11/15/2013 the patient underwent chiropractic evaluation and a plan of physical therapy, kinetic activities 2-3 times per week for 6 weeks was recommended. The patient underwent orthopedic evaluation on 12/19/2013, and per examination there was mild loss of normal lumbar lordosis, +2 tenderness to palpation of bilateral lumbar paraspinal muscles diffusely, bilateral lower extremity sensation was intact to light touch, lower extremity DTRs were +2 bilaterally, SLR was positive on the right without degrees noted, and there was decreased and painful lumbar spine ranges of motion without degrees of motion noted. Diagnoses were reported on 12/19/2013 as lumbar musculoligamentous sprain/strain (847.2), lumbar myospasm (728.85), lumbar disc protrusion (722.10), and rule out lumbar radiculitis versus radiculopathy (724.4), and medications were dispensed, the patient was encouraged to continue his home exercise program, and he was to follow-up in 4-6 weeks. The 01/16/2014 PR-2 recommended the patient continue with chiropractic care. The chiropractor's PR-2 of 03/14/2014 indicates the patient presented with constant moderate dull, achy back pain, stiffness and heaviness becoming severe radiating to bilateral lower extremities with numbness, tingling and weakness, as well as loss of sleep due to pain. On 03/14/2014 lumbar spine ranges of motion were reported decreased and painful, yet degrees of motion are not reported, there was +3 tenderness in the lumbar paravertebral muscles and bilateral SI joints, as well as lumbar paravertebral muscle spasms (not graded), and diagnoses were noted as lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left tibial motor neuropathy per NCV, and right rib contusions resolved. There is a current request for continued chiropractic therapy for an unspecified amount/duration of the lumbar spine.

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

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

#### **CONTINUE CHIROPRACTIC THERAPY, UNSPECIFIED AMOUNT/DURATION TO THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. In this case, the patient has already been treated on at least 12 chiropractic sessions, and there is no documentation reporting evidence of objective functional improvement or record of treatment success with prior chiropractic care, there is no evidence of an acute flare-up, and elective/maintenance care is not supported. Therefore, the request for continued chiropractic treatment of the lumbar spine is not medically necessary and appropriate.