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| <b>Case Number:</b>   | CM14-0049109 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 12/31/2006 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2014 |

### 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 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 claimant is a 67-year-old male who was involved in a work injury on 9/11/2001 in which he injured his lower back. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant is currently under the care of [REDACTED], for complaints of chronic lower back pain. Available for review were progress reports for dates of evaluation 9/4/2013, 10/23/2013, 1/22/2014, 2/24/2014, and 4/30/2014. The claimant was diagnosed with lumbar disc pain with intermittent radiculopathy right leg, lumbar facet syndrome, and developing thoracic myofascitis. On each occasion there was a request for 2 chiropractic treatments with the exception of 4/30/2014 evaluation at which time there was a request for one treatment. On the 1/22/2014 evaluation that was noted that the claimant had flared lower back pain from prolonged standing on concrete while building a kitchen table. The examination revealed a reduction in lumbar flexion and difficulty transitioning from prone to standing position. There was also a notation that the claimant is extremely overweight, 320 pounds. There was a request for 2 treatments. This was denied by peer review. The rationale was that there was no documentation describing specific examples of clinical findings demonstrating objective functional improvement as a result of the previous chiropractic care rendered. The report also indicated that there is no documentation of the patient being actively involved in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment Lumbar Spine 2 session re-examination:** Overturned

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

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

**Decision rationale:** The medical necessity for the requested 2 treatments was established. The MTUS Chronic Pain Medical Treatment Guidelines, page 58, give the following recommendations regarding manipulation: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested 2 treatments are consistent with this guideline. The injured worker presented to the provider's office complaining of an acute exacerbation of chronic lower back complaints. Given the clinical findings on examination the 2 treatments are appropriate. A review of the past history reveals periodic treatment for exacerbations that brings about improvement. Prior to this exacerbation the injured worker was previously seen on 11/15/2013 for an exacerbation that was recorded on the 10/23/2013 evaluation. The 10/23/2013 evaluation indicated that the last treatment was in September, felt excellent after treatment. The 9/4/2013 evaluation noted exacerbation of the injured worker's chronic back complaints and the injured worker was better since last SMT-improved range of motion, no symptoms or radiculopathy during the day. It was also noted improved ability to sleep since last treatment. This clearly indicates that the injured worker has benefited from periodic chiropractic treatment for exacerbations. There is also evidence that this injured worker is participating in a home exercise program. The 1/22/2014 progress report indicated a component of treatment is a home exercise program. The 10/23/2013 progress report indicated a home exercise program. Therefore, given the injured worker's positive response to previous treatment, the findings on the examination, and the fact the injured worker participates in a home exercise program along with the complication of the morbid obesity, the 2 chiropractic treatments and re-examination requested on 1/22/2014 can be considered medically necessary and appropriate.