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| <b>Case Number:</b>   | CM14-0049293 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 12/08/2009 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2014 |

### 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 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 patient is a 28 year old female who was injured on 12/08/2009. The mechanism of injury is unknown. The patient underwent a L5-S1 anterior lumbar interbody fusion; L5-S1 anterior discectomy with placement of PEEK interbody cage; L5-S1 anterior plate instrumentation with LDR medius plates on 02/14/2012. The patient has been treated conservatively in the past with chiropractic therapy and had 9 sessions of physical therapy. Diagnostic studies reviewed include an MRI of the lumbar spine dated 05/29/2013 that revealed facet arthropathy at L4-L5 and L5-S1 status post fusion. A progress report dated 02/24/2014 indicates the patient continued with low back pain. On exam, she had decreased range of motion with pain. There was tenderness to palpation at L5-S1 facets with spasm. She is diagnosed with piriformis syndrome and status post L5-S1 ALIF/PLIF. Assessment note dated 01/22/2014 states the patient has severe weakness and pain in the left lower extremity. Objective findings on exam revealed positive straight leg raise. There is weakness to dorsiflexion and plantar flexion of the great toe which is 2/5. She has decreased sensation at L5-S1. She is unable to walk on heels or stand on her toes with foot drop. Impression is severe pain secondary to facet arthropathy at L4-L5 and radiculopathy L5-S1. The plan is selective nerve root block, L5-S1, facet injection at L4-L5 in the future. Prior utilization review dated 03/06/2014 states the request for Chiropractic 2 x week x 6 weeks for the Lumbar Spine is partially authorized for chiropractic therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x week x 6 weeks for the Lumbar Spine: 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): (58-60). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back>, <Chiropractic therapy for low back pain>.

**Decision rationale:** ODG Chiropractic Guidelines for the low back state: "For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety." "Recurrences/flare-ups - Need to re-evaluate treatment success, if returned to work, then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." This request is for chiropractic treatment 2 times a week for 6 weeks to the lumbar spine. This patient is clearly at a chronic point in her treatment. This care is considered not medically necessary for the following reasons: The treatment does not conform to the accepted ODG treatment guidelines for the low back. Piriformis syndrome is a muscular issue likely resulting from the irritation to the lower lumbar nerves. This condition will reoccur and chiropractic has hit or miss results. Review of records showed little documented objective functional improvement from treatment. Therefore, the request for Chiropractic Therapy is not medically necessary.