

<b>Case Number:</b>	CM14-0054916		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Care, 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 male, 60 years of age, who has a reported date of injury on 07/22/2003. The patient was employed as a gardener and experienced injuries to his lower back from repetitive bending, stooping, carrying, pushing and pulling as a maintenance person and gardener. The Primary Treating Physician's Initial Report of 02/02/2013 notes the patient presented for chronic low back industrial-related injury. He reported complaints of mid back and low back with constant pain rated 3/10. There was radiating numbness to the left lower extremity. Pain increased with bending, stooping, climbing up stairs and going down stairs, and heavy lifting more than 20 pounds. He reported pain was relieved with medication, chiropractic therapy and rest. By examination on 02/01/2014, lumbar flexion was 25 degrees, extension 20 degrees, and bilateral lateral bending 20 degrees. There was tenderness on palpation at L4-L5 and L5-S1 paraspinal and parafacet areas, no sacroiliac joint tenderness, and mild to moderate tenderness at T10-L1 paraspinal areas on palpation. Documentation shows negative findings on straight leg raising test, Patrick test, femoral stretch test, and FABER test. The left lower extremity motor strength was +4/5, mild sensory deficit left L5-S1 dermatome, and the patient could stand on heel and toes without difficulty. Diagnoses were noted as mechanical lower back pain, lumbar degenerative disc disease with radiculopathy, and lumbar facet arthropathy. There was a request for 6 chiropractic treatment sessions. On 05/29/2013, there was a request for 12 additional chiropractic treatment visits for the lumbar spine. The patient underwent an initial medical evaluation on 03/17/2014 with complaints of thoracic pain rated 6/10 and lumbar pain rated 8/10. He reported benefit with past chiropractic care. By lumbar examination, he lacked 4 touching his fingers to his toes sitting, straight leg raise to 90 degrees bilaterally sitting and 110 degrees bilaterally supine. Lasegue's and Femoral stretch tests were negative bilaterally, and lower extremity deep tendon reflexes (DTRs) were 2+ bilaterally. Diagnoses were noted as thoracic

sprain/strain, lumbosacral sprain/strain, and chronic low back pain. The physician requested approval for chiropractic therapy.

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

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

#### **Chiropractic treatment for the lumbar spine (12 sessions per Sophina at MD office):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** MTUS Guidelines supports up to 6 visits of manual therapy and manipulation in the treatment of low back chronic pain complaints 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 the patient returns to work, then 1-2 visits every 4-6 months. In this case, the patient has been treated with chiropractic care since prior to 12/28/2004 and has been treated on an unreported total number of treatment sessions. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not supported; therefore, the request is not medically necessary.