

<b>Case Number:</b>	CM14-0069460		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/24/2005
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 48-year-old male, born on 10/02/1965. There is a reported date of injury on 05/24/2005 but no biomechanical history of injury was provided for this review. The chiropractic chart note of 03/05/2014 reveals low back and muscle pain (4-7/10) onset 3 weeks. The patient had no antalgic gait or posture, no edema, and no skin scarring or bruising. Lumbar paraspinal muscle pain was noted on digital pressure with misalignment noted at L4, L5 and left SI. Muscle weakness was reported without objective measure noted. The patient's diagnoses were reported as lumbar sprain/strain, sciatica, myalgia and myositis and cumulative trauma from repetitive impact. The pain response to treatment was noted by a down-pointing arrow, and range of motion response to treatment was noted by an up-pointing arrow. The treatment plan was pain management and increase lumbar spine range of motion. A general physical examination was performed on 03/05/2014 with range of motion reported as: flexion 80/90, extension 30/30, bilateral lateral flexion 20/20, and bilateral rotation 30/30; pain level 7-8/10, and palpation tenderness left SI joint and L5. The patient treated with chiropractic care on 6 occasions from 03/05/2014 through 03/17/2014. On the patient's 6th chiropractic visit, 03/17/2014, he presented with ongoing low back pain and muscle tightness (4-7/10). By checklist fashion the patient had no antalgic gait or posture, no edema, and no skin scarring or bruising. Lumbar paraspinal muscle pain or tenderness was noted on digital pressure with misalignment noted at L4, L5 and right SI. Lumbar paraspinal weakness was reported without measure. The patient's diagnoses were reported as lumbar intervertebral disc displacement without myelopathy, lumbago, myalgia and myositis and cumulative trauma from repetitive motion. Pain response to treatment was noted by a down-pointing arrow, and range of motion response to treatment was noted by an up-pointing arrow. A lumbopelvic examination was performed on 03/17/2014. The left quadriceps muscle strength was reported as 4/5 and all other lower extremity muscles were reported 5/5,

with no other measured objective factors noted. A medical provider submitted 2 PR-2 reports, each completed in generally illegible handwritten script and exact dates of authorship cannot be ascertained. One of the PR-2 records notes the patient had 6 chiropractic visits with good results, yet no measured objective factors were reported. There is a request for continued chiropractic treatment at a frequency of 2 times per week for 3 weeks.

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

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

**Continue chiropractic treatment, 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back 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 as treatment for low back complaints may be considered. Elective/maintenance care is not medically necessary. If there is recurrences/flare-ups of low back pain, there is the need to evaluate prior treatment success, and the patient is at "return to work" status, then 1-2 visits every 4-6 months. There is no evidence of measured objective functional improvement with the 6 visits of chiropractic care from 03/05/2014 through 03/17/2014, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and elective/maintenance care is not supported to be medically necessary. Therefore, the request is not medically necessary.