

<b>Case Number:</b>	CM14-0071017		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 New York. 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:

Upon review of medical records the injured worker is a 59 year old male who sustained a work related injury that occurred on April 22, 2010. The incident was indicated as a cumulative trauma injury. On 1/27/14 the injured worker was evaluated and had complaints consisting of low back pain radiating into the lower extremities with numbness and weakness. Spasm, tenderness and guarding are noted in the paravertebral musculature of the lumbar spine with decreased range of motion, decreased sensation over the left L5 dermatome with pain. An MRI of the lumbar spine dated 3/22/14 revealed desiccation and narrowing at L5/S1 with a right paracentral inferior posterior lateral disc bulge adjacent to, but not displacing, the right S1 nerve root and mild facet disease. There was L3/4 and L4/5 moderate central canal narrowing on a congenital basis with ligamentum flavum and facet degenerative change and annular bulges creating the foramina, central and upper lateral recess narrow with a hemangioma of L4. T12-L1 and L1-2 spurring and mild desiccation without spinal stenosis was noted. On 3/24/14 the injured worker was evaluated by a medical doctor who diagnosed him with cervical and lumbosacral radiculopathy, shoulder, wrist and knee bursitis/tendonitis. The medical report indicates flare-up of lower back pain radiating to the left leg which makes it difficult to sleep at night. He is also complaining of increased left knee pain as a compensatory consequence of ambulating with an antalgic gait. Medical examination revealed ambulation with an antalgic gait and a one point cane, spasm, tenderness and guarding are noted in the paravertebral musculature of the lumbar spine with decreased range of motion, decreased sensation over left L5 dermatome with pain. He treats with pain medication which provides some relief and maintains function. Work restrictions were placed on him but there was no indication if he in fact returned to work. He was in a weight loss program and a request of 12 sessions of chiropractic therapy for the lumbar spine was submitted. In a utilization review dated 4/28/14 it was determined that 6 sessions of chiropractic care for the

lumbar spine were authorized and not the initially requested 12. The reviewer indicated there was chronic multifocal pain however recently reported an exacerbation of the lower back with radiating right leg pain and paresthesias. Medical records provided do not indicate that any prior chiropractic care was received and a trial of 6 visits can be clinically justified. If additional care is to be considered, documented evidence of functional and symptomatic improvement must be provided in the form of valid and reliable outcome assessment measures and/or questionnaires.

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

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

**Chiropractic care for the lumbar spine x12 sessions:** Upheld

**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 Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines indicate treatment may be indicated initially for the lumbar spine in a trial of 6 visits over 2 weeks. For recurrences/flare-ups there is a need to re-evaluate treatment success, and if returned to work is achieved, then 1-2 visits every 4-6 months. In this case there was no indication that a prior successful treatment of chiropractic care was received as well as a return to work. The current request for 12 chiropractic sessions to the lumbar spine is not medically necessary and appropriate.