

<b>Case Number:</b>	CM14-0081052		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 a licensed Chiropractor 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 40 year old female who was injured on 11/17/2013. The mechanism of injury is unknown. Prior treatment history has included acupuncture which did not improve her symptoms. Diagnostic studies reviewed include MRI of the lumbar spine revealed facet arthropathy at the L5-S1 level with no evidence of spinal stenosis or neural foraminal narrowing and incidental left iliac bone cyst. Progress report dated 05/08/2014 states the patient presented with continued significant back pain and hip pain. She reported numbness and tingling in her left foot. On exam, there is no tenderness to palpation of the paraspinal muscles and no deficit in any dermatomes of lower extremities. Range of motion revealed flexion to 54 degrees; extension to 18 degrees; rotation to 18 degrees bilaterally; and lateral bending to 18 degrees bilaterally. Sitting straight leg raise is positive bilaterally. The patient is diagnosed with lumbar radiculopathy and pain in limb. She is recommended for chiropractic therapy 3 times a week for 4 weeks for back and hips. Prior utilization review dated 05/27/2014 states the request for Chiropractic Treatment 3x4 to Back/Hips is modified to certify 4 visits as medical necessity has been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 3x4 to Back/Hips:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual Therapy and Manipulation Page(s): 62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Manipulation & Hip & Pelvis, Manipulation

**Decision rationale:** As per CA MTUS guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. ODG Treatment Guidelines for manipulation to the low back state: "Recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. 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." The requested care is beyond the ODG treatment guidelines for manipulation regarding treatment frequency. As recommended the patient should have a "trial of 6 chiropractic visits over 2 weeks" with pre and post documented evidence of objective functional improvement. The requested care for chiropractic treatment 3x4 to back/hips is not medically necessary.