

<b>Case Number:</b>	CM14-0083641		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/24/2002
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 61-year old male, born on 1 [REDACTED]. While employed as an [REDACTED] he sustained cumulative injuries, which included the lower back, through 05/24/2002. No chiropractic documentation was provided for this review. The Agreed Medical Re-evaluation report of 06/27/20012 notes the patient underwent examination on 05/31/2012. On 05/31/2012, the patient reported lumbar spine pain rated 5/10 with radiation of pain and weakness down his left leg, and also described numbness and tingling on the right side of his back, middle and lower back and in his feet. By history, the patient had treated with chiropractic care since at least 05/24/2002, and on 05/31/2012 the patient reported chiropractic treatment reduced pain and increased his overall functional level, and he indicated that he probably would need less than 24 visits per year as he used them quite sparingly on a PRN basis. Examination on 05/31/2012 revealed lumbar tenderness, right flank tenderness, right greater trochanter tenderness and minimal right groin tenderness; normal thoracic spine ranges motion; lumbar flexion 15/60, lumbar extension 20/25, left lateral lumbar bending 18/25, and right lateral lumbar bending 20/25; supine and seated SLR negative bilaterally, patellar DTR 2+ bilaterally, Achilles DTR 1+ bilaterally, lower extremity motor strength normal bilaterally, Waddell's signs negative, dorsalis pedis and posterior tibial pulses 2+ bilaterally; left hip flexion 100/100, right hip flexion 110/100, left hip extension 0/0, right hip extension 20/0, left hip internal rotation 35/> 20, right hip internal rotation 0/> 20, left hip external rotation 50/> 30, right hip external rotation 40/> 30, left hip abduction 50/> 25, right hip abduction 40/> 25, left hip adduction 30/> 15, and right hip adduction 30/> 15; and hip muscle strength normal bilaterally. Diagnoses were noted as lumbar spine strain with left lumbar radicular symptoms, resolved left elbow sprain with epicondylitis, status post left hip arthroplasty, and right hip avascular necrosis probably worsening. The patient had developed right hip avascular necrosis, which was noted as not appearing to be related to the

industrial injury. A letter dated 06/04/2014 reports the patient had consistently utilized chiropractic treatment, and it was surprisingly effective.

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

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

**Chiropractic sessions, 2 times per week for 3 weeks, right hip and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The request for additional chiropractic treatment sessions for the right hip and lumbar spine at a frequency of 2 times per week for 3 weeks is not supported to be medically necessary. No chiropractic documentation was provided for this review. The Agreed Medical Re-evaluation report of 06/27/20012 notes the patient had treated with chiropractic care since at least 05/24/2002, and the patient indicated he probably would need less than 24 chiropractic visits per year as he used them quite sparingly on a PRN basis. A letter dated 06/04/2014 reports the patient had consistently utilized chiropractic treatment. The submitted records do not report the number of chiropractic treatment sessions or treatment modalities utilized, or rationale for care. 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 some 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 RTW (return to work) then 1-2 visits every 4-6 months. There was no documentation of measured evidence of functional improvement achieved through past chiropractic care rendered, no evidence of a recurrences/flare-up, and elective/maintenance care is not supported to be medically necessary; therefore, the request for additional chiropractic sessions is not supported be medically necessary.