

<b>Case Number:</b>	CM14-0086449		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Acupuncture 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 injured worker is a 32-year-old female who reported low back pain from injury sustained on 07/27/12 while she was working in the laundry room pulling wet towels from a laundry barrel when she felt sudden and sharp pain. The magnetic resonance imaging (MRI) in 2012 of the lumbar spine revealed 3.2mm central disc protrusion at L5-S1 with mild facet hypertrophy resulting in bilateral foraminal narrowing and left lateral recess stenosis; borderline left recess stenosis and left foraminal narrowing at L4-5. Patient is diagnosed with non-allopathic lesions; lumbar intervertebral displacement without myelopathy; and neuritis/ radiculitis of the lumbar/thoracic spine. The patient has been treated with medication, physiotherapy and chiropractic. Per chiropractic, progress notes dated 05/02/14, patient complains of low back pain rated at 8/10 and 10/10 at its worst and is noticeable approximately 100% of the time. She has numbness in her left posterior leg to the foot. Palpation reveals areas of spasm, hypomobility and tenderness. Per medical notes dated 05/15/14, patient complains of low back pain rated at 7/10. She has numbness in her posterior leg to the foot especially when she sits for longer than 15 minutes. The low back pain is a little better since the last treatment but her work flares it up. Provider is recommending 18 additional chiropractic session. Patient has not had any long-term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, which was not demonstrated in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Chiropractic Treatments to Include Disc Decompression Technique: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guideline, Manual Therapy and Manipulation, page 58-59. Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. In regards to the low back manual therapy and manipulation is recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: a) Time of procedure effect: 4-6 treatments; b) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks; c) Maximum duration of 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, which was not demonstrated in the medical records. Per review of evidence and guidelines, 18 chiropractic visits are not medically necessary.