

<b>Case Number:</b>	CM14-0087910		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 25 year-old male who sustained an injury to his low back on 10/13/2012. Mechanism of injury was not documented. Treatment to date included Norco, Voltaren gel, transcutaneous electrical nerve stimulation unit, bilateral epidural steroid injections and 23 chiropractic visits. Magnetic resonance image (MRI) of the lumbar spine dated 04/06/2013 revealed L4-5 extrusion with small epidural hematoma subligamentous location; asymmetric moderate left subarticular stenosis at this level; 3mm disc protrusion with annular fissuring and minor dorsal disc height loss at L5-S1. MRI of the lumbar spine dated 04/25/2014 revealed degenerative disc disease with facet osteoarthropathy. Clinical note dated 04/25/2014 reported that the injured worker continued to complain of low back pain radiating into the right leg. The injured worker suffered from chronic back pain for a very long time and that his pain was currently 7/10 visual analog scale described as throbbing, tingling, and radiating towards the right leg. Physical examination noted lumbar flexion limited to 45 degrees, extension 15 degrees, straight leg raise positive in the right lower extremity at 30 degrees, palpation of the bilateral quadratus lumborum and erector spine muscles revealed spasm and twitch of the muscle bellies with point tenderness at various locations. Lumbar MRI was recommended to see if the previously injured lumbar discs were healed or not. The injured worker was diagnosed with degeneration of lumbar intervertebral disc, lumbosacral radiculitis, sciatica and lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment one (1) time a week for (8) weeks to the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The previous request was denied on the basis that the clinical documentation provided does not support the need for additional supervised rehabilitation as opposed to transition to a self-directed home exercise program. Sustained functional benefit with previous chiropractic care was not noted. Therefore, the previous request was non-certified. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed MTUS recommendations either in frequency or duration of chiropractic therapy visits. Therefore, this request for additional chiropractic treatment one (1) time a week for (8) weeks to the low back is not medically necessary.

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs.

**Decision rationale:** The injured worker does not have documented progression of any neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. MRI of the lumbar spine was performed on 04/25/2014 and there were no additional significant 'red flags' that would warrant a repeat study. Given this, the request for lumbar MRI is not indicated as medically necessary.