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| <b>Case Number:</b>   | CM14-0176602 |                              |            |
| <b>Date Assigned:</b> | 10/30/2014   | <b>Date of Injury:</b>       | 05/21/2013 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 56 year old male, who sustained an industrial injury on 5-21-2013. The injured worker was being treated for herniated nucleus pulposus and facet arthropathy of the lumbar spine. The injured worker (9-10-2014) reported mild soreness and aching pain of the low back along the beltline, left greater than right, rated 3 out of 10. He reported wearing a duty belt while standing and walking for long periods of time increases his pain at the end of a 10 hour shift. The physical exam (9-9-2014) reveals limited lumbar range of motion that is worse in extension, tenderness to palpation in the left lower lumbar facet region with pain at posterior superior iliac spine, greater on the left. Per the treating physician (9-8-2014 report), a lumbar MRI (undated) showed right-sided disc protrusions at L2-3 (lumbar 2-3) with mild neural foraminal narrowing and L4-5 with mild right neural foraminal narrowing, and facet degenerative changes at bilateral L5-S1. Per the treating physician (9-10-2014 report), x-rays of the lumbar spine (9-8-2014) show an anterior osteophyte and facet arthropathy. The injured worker had undergone a left L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) radiofrequency ablation on 4-17-14, which he reported had resulted in 80-90% pain relief. Treatment has included physical therapy, acupuncture, medial branch blocks, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (9-10-2014 report), the injured worker has returned to work. On 9-10-2014, the requested treatments included 12 sessions (twice a week for six weeks) of chiropractic therapy. On 10-9-2014, the original utilization review non-certified a request for 12 sessions (twice a week for six weeks) of chiropractic therapy.

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

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

**Chiropractic treatment, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic low back pain. Previous treatments include medications, injections, acupuncture, physical therapy, radiofrequency ablation, facet rhinotomy, and home exercises. There is no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded guidelines recommendation. Therefore, without first demonstrating objective functional improvement with the trial visits, the request for 12 visits is not medically necessary.