

<b>Case Number:</b>	CM14-0202577		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/24/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 (DC) 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:

According to the records made available for review, this is a 63-year-old male with a date of injury on 08/24/2014. Documentation from 10/24/2014 indicated that the injured worker sustained a continuous trauma injury from his usual work performing frequent bending, twisting of the neck and back, continuous simple gripping and grasping, frequent lifting of 67 to 70 pounds, and repetitive motion with the wrists and elbows. Documentation from 10/24/2014 indicated the diagnoses of lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, severe multilevel degenerative changes with moderate stenosis at lumbar two to three, severe left foraminal narrowing at lumbar five to sacral one with facet arthropathy, and bilateral sacroiliac joint sprains. Subjective findings from 10/24/2014 were remarkable for complaints of low back pain that radiated to the bilateral lower extremities. Physical examination from the same date was revealing for tenderness to palpation with guarding and spasm over the paravertebral musculature and tenderness to palpation to the bilateral sacroiliac joints. Examination also revealed a positive bilateral sacroiliac stress test and a positive bilateral straight leg raise. The lumbar spine range of motion measured 48 degrees flexion, 14 degrees extension, and bilateral side bending was noted to be 16 degrees. Sensory examination noted a decreased sensation to the bilateral lower extremities with pinprick and light touch. Documentation from 10/24/2014 noted magnetic resonance imaging that was performed in 12/2013 that was revealing for lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, severe multilevel degenerative changes with moderate stenosis at lumbar two to three, severe left foraminal narrowing at lumbar five to sacral one with facet arthropathy. Medical records provided lacked documentation of any prior treatments or therapies to the initial visit on 10/24/2014. Medical records provided did contain documentation of treatments provided after 10/24/2014 which included medication history from 12/04/2014 of

Cyclobenzaprine, Tramadol ER, and Lorazepam, chiropractic treatment visits from 11/06/2014 to 12/10/2014, an acupuncture referral from 12/04/2014, request for inferential stimulator, and a request for a lumbar support. While documentation indicated that chiropractic treatments was provided, these records did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/24/2014 noted a work status of temporarily totally disabled. On 11/05/2014, Utilization Review modified the prescription of chiropractic treatment to the lumbar area three times a week for four weeks to chiropractic treatment to the lumbar area six visits from 11/05/2014 to 02/05/2015. The chiropractic treatment to the lumbar area was modified based on MTUS Chronic Pain Treatment Guidelines, page 58, noting a trial of six visits over two weeks is recommended with documented functional improvement with a total of up to eighteen visits over six to eight weeks. The Utilization Review noted that six treatments are recommended with these guidelines.

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

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

**Chiropractic treatment of the lumbar area, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 3x4 chiropractic sessions for lumbar spine. On 11/05/2014, Utilization Review modified the prescription of chiropractic treatment to the lumbar area three times a week for four weeks to chiropractic treatment to the lumbar area six visits from 11/05/2014 to 02/05/2015. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request is not medically necessary.