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| <b>Case Number:</b>   | CM14-0202835 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 07/20/1994 |
| <b>Decision Date:</b> | 02/10/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Chiropractor (DC), has a subspecialty in 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 54 year old male who reported low back pain from injury sustained on 07/20/1994. X-rays of the lumbar spine dated 10/02/14 revealed that the left rod is not intact with the left 3 screws. Patient is diagnosed with status post lumbar fusion L4-5, L5-S1 with pedicle screw loosening at L3; bilateral sacroilitis; bilateral lumbar radiculopathy; status post DCS implant with lead migration and failed stimulation coverage. Patient has been treated with medication, lumbar fusion surgery, physical therapy and acupuncture. Per medical notes dated 10/02/14, patient complains of low back pain and leg pain rated at 9/10, with a significant increase since last visit. The pain is described as achy with radiation of the pain down to bilateral lower extremities. Patient recently underwent lumbar fusion hardware removal, and extension of fusion on L3-4 on 07/16/14. Examination revealed decreased range of motion and neurological signs of decreased dermatome sensation, bilateral lower extremity weakness, hyperflexion and sustained clonus. Provider requested 12 chiropractic visits which were non-certified by the utilization review based on ODG and MTUS guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic treatments for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment lumbar spine which were non-certified by the utilization review on 11/06/14. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Furthermore, according to ODG guidelines for chiropractic, manipulation is contraindicated for progressive neurological deficit and radicular symptoms. Based on the X-rays dated 10/02/14, the left rod is not intact with the left 3 screws. Per guidelines and review of evidence, 12 chiropractic visits are not medically necessary.