

<b>Case Number:</b>	CM15-0145328		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Oriental Medicine

### 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 52-year-old female, who sustained an industrial injury on 10-22-13. Initial complaint was of her lower back pain. The injured worker was diagnosed as having lumbar disc herniation; sciatica; sleep disorder; depressive disorder. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (2-24-14; 3-20-15); X-rays lumbar spine (3-11-15). Currently, the PR-2 notes dated 5-27-15 indicated the injured worker complains of her back flaring-up again. Objective findings note tenderness on palpation with limited and painful range of motion and positive orthopedic evaluation of the lumbar spine. There is decreased sensory at L5-S1 on the right and absent deep tendon release of the bilateral patellar and Achille's. Lumbar range of motion flexion is 80-90 degrees, extension is 10-30 degrees, left lateral 8-30, and right lateral is 15 degrees. The examination continues with positive bilateral sealed root and right ankle. L3-L5 bilateral myospasm, palpable pain along course to bilateral sciatic nerve with positive heel-toe walk. The right knee range of motion is full with pain and a 2+ posts and medial joint line with positive McMurray's. An X-ray of the lumbar spine on 3-11-15 revealed a normal lumbar spine examination. A MRI of the lumbar spine on 3-20-15 revealed 1) L2-L3 disc level shows dehiscence of the nucleus pulposus 4mm. posterior protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent and lateral recesses are clear. There are normal articular facets with minimal decrease in the AP sagittal diameter of the lumbosacral canal. Minimal thickening of the ligamentum flavum is present. 2) L4-L5 disc level shows 2mm disc bulge indenting the anterior portion of the lumbosacral sac. Mild thickening of the ligamentum flavum

is present. There is fluid posterior to the lumbosacral sac causing additional compression of the AP sagittal diameter of the lumbosacral canal. Mild bony hypertrophy of the articular facets is present. The neural foramina appear patent and lateral recesses are clear. 3) L5-S1 disc level shows minimal dehiscence of the nucleus pulposus with a 2mm midline disc bulge indenting the anterior portion of the lumbosacral sac causing minimal decrease in the AP sagittal diameter of the lumbosacral canal. The neural foramina appear patent and lateral recesses are clear. The provider's treatment plan included a psych evaluation, occupational medicine evaluation and pain management evaluation for treatment for bilateral sacroiliac joint injections. The provider is requesting authorization of Chiropractic manipulation/therapy modalities, 6 sessions.

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

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

**Chiropractic manipulation/therapy modalities, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back, Lumbar & Thoracic (Acute & Chronic) - Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The July 13, 2015 utilization review document denied the treatment request for six chiropractic visits with modalities to manage reported deficits in the lumbar spine region citing CA MTUS treatment guidelines. The patient's prior medical history includes 22 prior chiropractic sessions performed in 2015 with the reviewed medical records representing maintenance management inconsistent with referenced CA MTUS treatment guidelines. The reviewed medical records did not fail to establish the medical necessity for continued application of manipulation nor does the request comply with CA MTUS treatment guidelines. This request is not medically necessary.