

<b>Case Number:</b>	CM15-0196909		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 69-year-old male, with a reported date of injury of 07-24-2003. The diagnoses include low back pain, lumbar discopathy with radiculitis, ankle pain, and status post left ankle arthroscopic surgery with microfracture and extensive synovectomy. Treatments and evaluation to date have included Neurontin, Cyclobenzaprine, and Roxicodone. The diagnostic studies to date have included electrodiagnostic studies on 05-13-2014, which showed evidence of moderate acute L5 radiculopathy on the right and left which was superimposed upon a peripheral neuropathy; and an MRI of the lumbar spine on 12-26-2013, which showed levoscoliosis and multilevel disc changes. The progress report dated 08-12-2015 indicates that the injured worker had constant severe pain in the low back, which is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking blocks. There was also radiation of pain into the lower extremities with numbness and tingling. It was noted that the pain was worsening. The pain was rated 8 out of 10. There was constant pain in the bilateral ankles and feet with swelling, which was rated 8 out of 10. It was noted that the injured worker's left elbow and wrist remained unchanged. The physical examination of the lumbar spine showed palpable paravertebral muscles tenderness with spasm; positive seated nerve root test; tingling and numbness in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot, which correlated with an L5-S1 dermatomal pattern. The physical examination of the bilateral ankle and feet showed tenderness at the joint line with swelling; pain with terminal flexion; no evidence of instability; and some swelling. The injured worker was retired. The request for authorization was dated 09-15-2015. The treating physician requested chiropractic treatment two times a week for four weeks for the lumbar spine, and an MRI of the bilateral ankles and feet. On 09-22-2015, Utilization Review (UR) non-certified the request for chiropractic treatment two times a week for four weeks for the lumbar spine, and an MRI of the bilateral ankles and feet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 4 weeks, 8 visits for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result, additional chiropractor therapy is not necessary. Although the chiropractor sessions may be helpful, an initial 6 sessions to determine response were not performed to approve 8 sessions. The request exceeds the guidelines initial amount and the 8 sessions of therapy are not medically necessary.

**MRI of the bilateral ankles/feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter (updated 06/22/2015), magnetic resonance imaging (MRI) section.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, further radiological evaluation is recommended if x-rays show more than 13 mm of ankle effusion. There was no recent x-ray. There was no indication for surgery and there were no acute fractures, or change in status. The request for an MRI of the ankle is not medically necessary.