

<b>Case Number:</b>	CM15-0025652		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: North Carolina, Georgia  
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 61 year old male, who sustained an industrial injury on March 5, 2013. He has reported mid and low back pain. The diagnoses have included spondylolisthesis of the lumbosacral region, lumbar myofascial sprain/strain, sacroiliac ligament strain/sprain and spinal stenosis of the lumbar region. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of mid and low back pain. The injured worker reported an industrial injury in 2013, resulting in chronic back pain. He was treated conservatively without resolution of the pain. On January 29, 2014, evaluation revealed continued pain. The plan was to use ice and heat packs, to perform home exercises, to use over the counter nonsteroidal anti-inflammatories as needed, to have a spine specialist consultation to treat low back pain, to start physical therapy, to continue with pain management specialists, to have a neurology consultation for headaches and to request a rigid lumbar corset. On January 27, 2015, Utilization Review non-certified a request for a rigid lumbar corset for the low back as an outpatient, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 7, 2015, the injured worker submitted an application for IMR for review of requested rigid lumbar corset for the low back as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rigid Lumbar Corset for the low back as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Support

**Decision rationale:** CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, the claimant has documented spondylolithesis and rigid lumbar support is medically indicated.

**18 Chiropractic treatments 2-3 times a week for 4-6 weeks for the cervical area as an outpatient:** 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 Section 2 Page(s): 58-60.

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. The request for 18 chiropractic treatments of cervical area exceeds the guideline recommendation which is an initial 6 visits over two weeks with an extension to 18 visits only if there is evidence of functional improvement. 18 chiropractic treatments of the cervical region is not medically indicated.

**18 Chiropractic treatment 2-3 times a week for 4-5 weeks for the lumbar area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work

has been achieved, then 1-2 visits every 4-6 months are indicated. The request for 18 chiropractic treatments of lumbar area exceeds the guideline recommendation which is an initial 6 visits over two weeks with an extension to 18 visits only if there is evidence of functional improvement. 18 chiropractic treatments of the lumbar region is not medically indicated.