

<b>Case Number:</b>	CM15-0220252		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Chiropractic

### 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 63-year-old male, with a reported date of injury of 08-07-2013. The diagnoses include lumbar radiculopathy, degenerative joint disease and degenerative disc disease of the lumbar spine with bulging at L1-2 and protrusion at L5-S1. The progress report dated 10-01-2015 indicates that the injured worker had flare-ups of his low back pain with attempts to increase activity. The objective findings regarding the lumbar spine include tenderness to palpation over the right lower paravertebral muscles; flexion to 20 degrees with 20 degrees right lateral bending; 20 degrees left lateral bending; 15 degrees right lateral rotation; 25 degrees left lateral rotation and extension to 10 degrees; straight leg raise and rectus femoris stretch sign did not demonstrate any nerve irritability; increased pain with lumbar motion; a non-antalgic gait; ability to heel and toe walk without difficulty; and patchy decreased sensation in the bilateral lower extremities in the L5 distribution, left more so than right. It was noted that the injured worker was capable of modified work. The progress report dated 09-10-2015 indicates that the injured worker had completed six chiropractic visits with "definite improvement", but he remained symptomatic. The objective findings included tenderness to palpation over the right lower paravertebral muscles; flexion to 25 degrees with 20 degrees right lateral bending; 20 degrees left lateral bending; 20 degrees with right lateral rotation; 25 degrees left lateral rotation and extension to 15 degrees; straight leg raise and rectus femoris stretch sign did not demonstrate any nerve irritability; increased pain with lumbar motion; a non-antalgic gait; ability to heel and toe walk without difficulty; and patchy decreased sensation in the bilateral lower extremities in the L5 distribution, left more so than right. The diagnostic studies to date have not been included

in the medical records. Treatments and evaluation to date have included chiropractic treatment. The request for authorization was dated 10-01-2015. The treating physician requested twelve (12) additional chiropractic sessions for the lumbar spine. It was noted that previous chiropractic sessions "had been beneficial". The medical records did not include the previous chiropractic treatment reports. On 10-27-2015, Utilization Review (UR) non-certified the request for twelve (12) chiropractic sessions for the lumbar spine.

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

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

#### **Chiropractic 12 sessions 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Although there has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed, the 12 additional sessions requested far exceeds The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.