

<b>Case Number:</b>	CM15-0084259		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/29/2007
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 60-year-old female injured worker suffered an industrial injury on 12/29/2007. The diagnoses included lumbar spondylolisthesis, lumbar spondylolysis, lumbar disc bulges, bilateral knee pain and cervical/thoracic pain. The diagnostics included lumbar and right/left knee magnetic resonance imaging. The injured worker had been treated with medications and TENS. On 3/12/2015 the treating provider reported 9/10 low back pain with right greater than left lower extremity symptoms. On exam there was lumbar tenderness and reduced range of motion and positive straight leg raise. The treatment plan included Chiropractic, Gym membership, and CT of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to lumbar spine Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

**Decision rationale:** ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Medical documents indicate that patient has undergone previous chiropractic sessions, which would not be considered in the 'trial period' anymore. The treating provider has not demonstrated evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. The UR modified the request to allow for 6 sessions which is reasonable. As such, the request for Chiropractic treatment to lumbar spine Qty: 12 is not medically necessary.

**Gym membership (in months) Qty: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership.

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals." In the request for authorization, the treating physician does not actually detail what equipment is needed. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for GYM Membership (in months) Qty: 6 is not medically necessary.

**CT of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) page 18.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The MTUS states that imaging may be needed, "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The ODG states that CT of the lumbar spine is, "Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so." Indications for imaging-Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect no identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989) The medical records fail to demonstrate any of the above indications. The patient also had an MRI on 9/18/14 with no evidence of re-injury or red flags requiring re-imaging. As such, the request for CT lumbar spine is not medically necessary.