

<b>Case Number:</b>	CM15-0087437		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/09/1998
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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:

This 55 year old male sustained an industrial injury to the back on 7/9/98. Magnetic resonance imaging lumbar spine (7/20/10) showed degenerative changes with disc bulge, disc space narrowing and disc desiccation. Previous treatment included physical therapy, chiropractic therapy, massage, rigid foam roller and medications. Documentation did not disclose the number of previous chiropractic therapy or physical therapy sessions. In a PR-2 dated 3/31/15, the injured worker complained of increasingly worsening low back pain with radiation down bilateral legs associated with numbness. The injured worker had been taking over the counter medications for pain. The injured worker reported that he had vomited last week after taking three Etodolac tablets. The injured worker reported that he had stayed in bed most of the day. The injured worker stated that he felt as if his back was "off" and needed to be adjusted by a chiropractor. The injured worker stated that he had gotten some benefit from previous chiropractic therapy and physical therapy. The injured worker continued to work full time despite continuing pain. Physical exam was remarkable for marked lumbar spine paraspinal muscle spasms with normal sensory and motor examination. The injured worker was able to walk on heels and toes. Current diagnoses included low back pain, lumbar spine degenerative disc disease, lumbar spine foraminal stenosis, lumbar spine spondylolisthesis, right foot pain and thoracic scoliosis. The treatment plan included chiropractic evaluation and treatment, physical therapy evaluation and treatment, a transcutaneous electrical nerve stimulator unit trial, lumbar spine magnetic resonance imaging and prescriptions for Oxycodone IR, Flector patches and Therma Care heat wraps.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received chiropractic care in the past per the records provided. The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The past chiropractic treatment notes are not present in the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. 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." The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." In this case the number of sessions being requested have not been specified. No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the unspecified chiropractic treatment sessions and evaluation requested to the lumbar spine to not be medically necessary and appropriate.