

<b>Case Number:</b>	CM15-0088817		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 34 year old male, who sustained an industrial injury on 5/10/10. The diagnoses have included Herniated Nucleus Pulposus (HNP) of the lumbar spine, lumbar radiculopathy, possible cervical radiculopathy, bilateral knee arthralgia, bilateral ankle arthralgia and bilateral hip arthralgia. Treatment to date has included medications, 24 chiropractic sessions, 8 acupuncture sessions, 24 physical therapy sessions, lumbar brace, pain management, bilateral epidural steroid injection (ESI) and conservative care. Currently, as per the physician progress note dated 1/19/15, the injured worker complains of aching and stabbing pain in the mid and lower back rated 6-7/10 on pain scale. He reports pins and needles, numbness and aching pain in the bilateral lower extremities that radiates from the low back into the feet. He reports a mechanical fall last week when his right leg gave out, causing him to fall into his right knee. He states that he has had increased pain in the right knee. He reports using a lumbar corset for support. He reports pins and needles that go to the soles of his feet and the symptoms are worse in the left leg and cause him to drag his foot. He states that the leg will often go out and he reports a sharp internal pain in the low back that radiates to the hips. Physical exam reveals that the gait is antalgic and slow with abnormal heel and toe walk. He is unable to sit comfortably and is standing throughout the exam. He is tender in the thoracic spine midline and the bilateral lumbar paraspinals, left worse than the right. There is spasm in the lumbar spine and tenderness in the lower extremities. There is decreased sensation noted. The straight leg raise on the left elicits pins and needles and pain to the toes. Straight leg raise on the right elicits pain in the hamstrings. There is a positive slump test bilaterally and Spurling's test

is positive bilaterally eliciting neck and shoulder blade pain. The physician notes that the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/21/11 reveals degenerative disc disease (DDD) and retrolisthesis, stenosis and mild caudal bilateral neuroforaminal narrowing. The current medications included Flexeril, Norco, Prilosec, Naproxen and Gabapentin cream. The previous physical therapy, chiropractic and acupuncture sessions were not noted in the records. The physician noted that the previous chiropractic sessions were beneficial and provided great relief of pain. The physician requested treatment included additional chiropractic therapy 1 time a week for 4 weeks low back.

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

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

**Additional chiropractic therapy 1 time a week for 4 weeks low back:** 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 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 completed a number of prior chiropractic care sessions in the past 5 years. 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 records are absent from the materials provided for review. 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." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 4 additional chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.