

<b>Case Number:</b>	CM14-0110328		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66 year-old patient sustained an injury on 12/17/07 from bending down to screw in screws while employed by [REDACTED]. Request(s) under consideration include Chiropractic for the Lumbar Spine - 8 Visits. Diagnoses include chronic lumbar sprain/strain; lumbar disc displacement with left radiculitis. MRI of the lumbar spine dated 1/28/08 showed left paracentral disc protrusion/extrusion at L4-5 pressing on left L5 nerve root with foraminal narrowing; minimal grade I anterolisthesis of L5 on S1 with mild bilateral neural foraminal narrowing; mild DDD at L2-4. Conservative care has included medications, acupuncture, therapy, chiropractic treatment (12 sessions). Report of 12/30/13 noted unchanged low back radiating pain. Clinical findings showed mild lumbar range limitations; positive Kemp's/ Ely's/ Yeoman's with normal DTRs, normal motor strength of lower extremities. Plan included chiropractic treatment. Hand-written illegible report of 12/27/13 from provider noted the patient with chronic low back pain radiating to lower extremity. Brief exam showed TTP at L4-S1 (rest is illegible). Treatment noted medications refill and pending chiropractic therapy. The patient remained P&S. Report of 4/11/14 from acupuncturist noted patient with pain and spasm rated at 8/10. Hand-written brief report of 4/17/14 from the provider noted unchanged symptoms since last visit. Exam only documented TTP. Treatment plan included continuing acupuncture, medications, and chiropractic therapy pending. The request(s) for Chiropractic for the Lumbar Spine - 8 Visits was non-certified on 7/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Chiropractic for the Lumbar Spine - 8 Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** This 66 year-old patient sustained an injury on 12/17/07 from bending down to screw in screws while employed by [REDACTED]. Request(s) under consideration include Chiropractic for the Lumbar Spine - 8 Visits. Diagnoses include chronic lumbar sprain/strain; lumbar disc displacement with left radiculitis. MRI of the lumbar spine dated 1/28/08 showed left paracentral disc protrusion/extrusion at L4-5 pressing on left L5 nerve root with foraminal narrowing; minimal grade I anterolisthesis of L5 on S1 with mild bilateral neural foraminal narrowing; mild DDD at L2-4. Conservative care has included medications, acupuncture, therapy, chiropractic treatment (12 sessions). Report of 12/30/13 noted unchanged low back radiating pain. Clinical findings showed mild lumbar range limitations; positive Kemp's/ Ely's/ Yeoman's with normal DTRs, normal motor strength of lower extremities. Plan included chiropractic treatment. Hand-written illegible report of 12/27/13 from provider noted the patient with chronic low back pain radiating to lower extremity. Brief exam showed TTP at L4-S1 (rest is illegible). Treatment noted medications refill and pending chiropractic therapy. The patient remained P&S. Report of 4/11/14 from acupuncturist noted patient with pain and spasm rated at 8/10. Hand-written brief report of 4/17/14 from the provider noted unchanged symptoms since last visit. Exam only documented TTP. Treatment plan included continuing acupuncture, medications, and chiropractic therapy pending. The request(s) for Chiropractic for the Lumbar Spine - 8 Visits was non-certified on 7/7/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractic for the Lumbar Spine - 8 Visits is not medically necessary and appropriate.