

<b>Case Number:</b>	CM14-0129140		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Nevada. 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:

The records presented for review indicate that this 50 year-old individual was reportedly injured on 9/22/2001. The mechanism of injury is noted as repetitive bending and lifting. The most recent progress note, dated 7/23/2014. Indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: limited range of motion with pain. Decreased sensation in the L5 dermatome, positive tenderness to palpation lumbar paraspinal muscles. Reflexes bilateral Achilles 1+, bilateral muscle strength 4/5. Positive straight leg raise seated. No recent diagnostic studies are available for review. Previous treatment includes left knee surgery, medications, and conservative treatment. A request had been made for chiropractic sessions #6, lumbar MRI, and was not certified in the pre-authorization process on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic (massage, traction, manipulation) Quantity: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. As such, this request is not considered medically necessary.

**Lumbar MRI Quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders - Diagnostic Investigations - MRI (electronically sited).

**Decision rationale:** The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there is mention decreased sensation along L5 dermatome. However, the clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the ACOEM criteria and is not considered medically necessary.