

<b>Case Number:</b>	CM14-0139880		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 licensed in Chiropractic 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:

The patient is a 39-year-old female born on 04/02/1975. While employed as a Police Officer, on 03/26/2013, she was undergoing martial arts training and was thrown to the mat and had recurrent left-sided low back pain. The medical provider's PR-2 of 04/25/2014 recommended chiropractic treatment. The medical provider's 06/06/2014 PR-2 recommended the patient began 8 visits of chiropractic care. The patient initially presented for chiropractic care 07/09/2014 with complaints of shooting lower back pain occurring almost on a daily basis. By examination the following were noted: decreased lumbosacral AROM globally by 10% with pain in flexion and extension, +(L) SLR bilaterally at 60, +(B) Yeoman's test for LBP, +(B) Kemp's test with pain at L4-5, and + Milgram's with central pain at L5. The patient was diagnosed with lumbosacral disc displacement without myelopathy, spondylolisthesis L5 on S1, and lumbar segmental dysfunction. The chiropractor reported 8 chiropractic treatments had been certified. The medical provider's PR-2 of 08/04/2014, reports patient complaints as, "This 39-year-old female has a painful condition about the lower back." The patient remained off work, and the treatment plan included the request for authorization of chiropractic treatment. The chiropractor's PR-2 of 08/05/2014 reports continued pain (+2/10) low back pain reaches 7/10 by end of day and with exertion. Objective findings are noted as decreased lumbosacral range of motion with pain in flexion, extension and right rotation; +(L) SLR bilaterally at 70; +(B) Yeoman's test for LBP, +(B) Kemp's test with pain at L4-5, and + Milgram's with central pain at L5. Diagnoses are noted as lumbosacral disc displacement without myelopathy, spondylolisthesis L5 on S1 and lumbar spine segmental dysfunction. The chiropractor recommended a treatment plan of chiropractic adjustments to the thoracolumbar spine and E-stim at a frequency of 2 times per week for 3 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC ADJUSTMENTS TO THE THORACOLUMBAR SPINE, E STIM, TWICE WEEKLY FOR 3 WEEKS.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

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

**Decision rationale:** The request for 6 chiropractic visits for the thoracolumbar spine is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient began chiropractic care on 07/09/2014, having been certified for 8 visits. Per medical report of 08/04/2014, the patient remained off work. On 08/05/2014, the chiropractor recommended continued care and requested authorization for additional care at a frequency of 2 times per week for 3 weeks (6 visits total). There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, the patient remained off work, and elective/maintenance care is not supported. The request for 6 additional chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.