

<b>Case Number:</b>	CM14-0145991		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine 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 is a 59-year-old male with a 5/6/13 date of injury. A specific mechanism of injury was not described. According to a 9/12/14 appeal note, the patient stated that his low back pain had worsened and rated his pain at 10/10 with pain radiating down the right lower extremity with numbness and weakness. He noted that he has not yet tried chiropractic care and was frustrated that it had been denied. However, it is noted in an 8/4/14 progress report that the patient has received chiropractic care but did not find it helpful. Objective findings: severely restricted range of motion of lumbar spine with pain, increase in right low back pain with left straight leg raise maneuver and positive right straight leg raise maneuver on the right side, decreased sensation along the right L5 distribution. Diagnostic impression: L2-L3 right lateral disc protrusion with annular tear, L4-L5 disc bulge with moderate facet changes, right-sided lumbar myofascial pain, chronic pain, reactive depression, right knee injury. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 8/22/14 denied the request for Chiropractic 8 sessions. There is no clear evidence presented of significant lasting functional improvement resulting from prior treatment with chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) chiropractic sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. It is unclear if the patient has had chiropractic care in the past. It is noted in an 8/4/14 note that he had received chiropractic care but did not find it helpful. However, in a 9/12/14 appeal note, the patient stated that he has not yet tried chiropractic care. This is a request for 8 sessions, and guidelines only support 6 sessions as an initial trial. If this is a request for continued chiropractic treatments, it is documented that chiropractic care has not been helpful in the past. Guidelines do not support additional treatment in the absence of functional improvement. Therefore, the request for eight (8) chiropractic sessions is not medically necessary and appropriate.