

<b>Case Number:</b>	CM14-0096691		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/24/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

Patient is a 73-year-old male with complaint of Post-laminectomy syndrome L3-4, s/p Laminectomy (02/04); stenosis; Arachnoiditis; Tibial and fibular fracture, left, s/p ORIF (06/03); DVT, Left lower extremity; Left shoulder impingement syndrome; left hip radiculitis versus bursitis; and s/p embolic CVA; associated with an industrial injury date of 06/24/03. Medical records from 2013 to 2014 were reviewed. Patient had an injury resulting from an 18 feet fall when he was stepping down from the roof to a ladder. A review of records showed that patient had previous treatments including surgeries to the back, left ankle, and left lower extremity. Lumbar MRI done 08/12 showed post-operative changes, moderate right neural foraminal narrowing not significantly changed since the previous exam, disc bulge at L2-3 and L5-S1 with posterior annular defect, and moderate bilateral neural foraminal narrowing within the L3-4 neural foramina. Cervical MRI done 09/13 showed degenerative disease worst at C5-6 on the right, progressive. The latest progress report dated 05/20/14 indicated patient had back, neck, and knee pain for which he was taking medications. It was noted that Norco reduced pain from 8-9/10 to 5-6/10. Percocet was noted to reduce pain from 10/10 to 6-7/10. He has been stable on this regimen for a couple of years. He reported pain relief and was able to perform chores with intake of medications. On physical examination, he had limited neck ROM, with pain at C5-6. He had decreased back ROM and pain in the lumbosacral area. Hip showed decreased pain at the left trochanteric area but still with noted limited ROM, with pain said to be radiating to the groin. He was able to externally rotate the left hip slightly, with limited external rotation of the right hip and a noticeable limp favoring the right side. Plan was to continue medications and discharge to temporary disability. Treatment to date has included acupuncture, aquatic and physical therapy, braces, chiropractic therapy (undocumented), TENs, Bursa injection, Cervical and Lumbar ESI), Massage, Orthotics and traction. Utilization review dated 06/04/12 denied the request for

Chiropractic Manipulation x6 for the Lumbar Spine. There were no documentation of previous chiropractic treatment, including response and objective evidence of improvement in functioning.

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

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

**Chiropractic Manipulation x6 for the Lumbar Spine:** 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 and Manipulation Page(s): 58-60.

**Decision rationale:** As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is recommended as a treatment option to the low back area. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, there was no documentation of whether patient has had previous chiropractic treatment and if there was completion of the initial trial of 6 visits within 2 weeks that is recommended to determine therapeutic efficacy. Manual therapy is not generally recommended for maintenance therapy with noted tapering off of the beneficial effects beyond the initial sessions. There was no mention of recurrence or flare-ups as well. Nor was there any documentation of objective improvement in functioning, with the goal to educate the patient so that he can be independent in his care-taking. Therefore, in the absence of substantiating documents to establish these facts, the request for Chiropractic Manipulation x6 for the Lumbar Spine is deemed not medically necessary.