

<b>Case Number:</b>	CM14-0156838		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/17/1980
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 an 80 year old male with an injury date of 11/17/80. Based on the 08/13/14 progress report provided by treating physician, the patient complains of lower back pain and stiffness radiating down both lower extremities. Physical examination to the lower back revealed limited range of motion lumbar spine, diminished patellar reflex - bilat, diminished sensory perception L5-S1 dermatomes bilat and +2/+3 trigger points piriformis - bilat. Work status is unknown. Diagnosis (08/13/14)- Lumbar IVDS with Bilat Lower Extremity Neuropathy The utilization review determination being challenged is dated 08/29/14. The rationale follows: "Without clear evidence of a significant change in status which impacts function, a return to skilled treatment is not indicated." Treatment report was provided for 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive Chiropractic treatment DOS 07/01/2014, 07/08/2014, 07/15/2014 and 07/22/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The patient presents with lower back pain and stiffness radiating down both lower extremities. The request is for retroactive chiropractic treatment DOS 7/01/2014, 7/15/2014, AND 7/22/2014. A Review of the reports does not show any other chiropractic treatments. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Progress report dated 08/13/14 was only documentation available for review. The patient's injury dates back 34 years, it is possible the patient has had previous chiropractic care with the documentation not provided. Given current report makes no reference to recent chiropractic treatment, a short course would be reasonable and with guideline indications. However, the treater does not explain whether or not this was for a trial, or maintenance. For maintenance, the MTUS allows it for patient that are working, 1-2 sessions every 4 months. None of the relevant information's are provided. Therefore, request IS NOT medically necessary.