

<b>Case Number:</b>	CM15-0110539		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 injured worker is a 58-year-old male, with a reported date of injury of 03/02/2001. The diagnoses include low back pain, lumbosacral strain/sprain, intervertebral disc syndrome, and sciatica. Treatments to date have included chiropractic treatment, home care exercises, home traction, ice, and lumbar spine surgery. The progress report dated 05/22/2015 indicates that the injured worker stated that he had some improvement after the last treatment for flare-up of this chronic low back pain and sciatica. The injured worker's symptoms had progressively increased and he was unable to sleep or bend at the waist again due to pain in the low back and right lower extremity pain, numbness, and tingling. He rated his pain 7-8 out of 10 depending on activity/body position. It was noted that the injured worker suffered a herniated disc that became fragmented and subsequently required emergency surgery as the injured worker started to have bowel and bladder issues. It was found that the disc had adhered to the cauda equine and the surgeon was unable to remove all of the adhered disc material. As a result, the injured worker had intermittent flare-ups that had been managed with short courses of chiropractic treatment, home care exercises, at home traction, and ice packs. The objective findings include right-sided lumbosacral muscle spasm, decreased range of motion in the lumbar region, positive Kemp test on the right for low back pain and numbness, and positive right straight leg raise test. The treating physician requested four spinal manipulation sessions to restore segmental range of motion, including trigger point therapy to reduce muscle spasm and trigger points from the acute exacerbation, and electrical muscle stimulation to reduce pain and inflammation from the acute exacerbation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 spinal manipulation sessions to include trigger point therapy and electrical muscle stimulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Braddock EJ, Greenlee J, Hammer RE, Johnson SF, Martello MJ, O'Connell MR, Rinzler R, Snider M, Swanson MR, Tain L, Walsh G, Walsh G. Manual medicine guidelines for musculoskeletal injuries. Sonora (CA): Academy for Chiropractic Education; 2013 Dec 1 70p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with recent flare-up of his chronic low back pain. Reviewed of the available medical records showed prior chiropractic treatments provided some improvement. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-up of low back pain, current request for 4 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.