

<b>Case Number:</b>	CM15-0115032		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Chiropractic

### 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 43 year old female, who sustained an industrial injury on 9/8/14. She reported initial complaints of immediate low back pain with numbness/tingling into her right thigh. The injured worker was diagnosed as having lumbar sprain/strain with neuritis/radiculitis. Treatment to date has included chiropractic therapy; acupuncture. Diagnostics included x-rays right forearm/wrist (1/28/15); x-rays right forearm/wrist (1/28/15); MRI lumbar spine (11/12/14). Currently, the PR-2 notes dated 6/2/15 indicated the injured worker presents on this date as a follow-up evaluation. She has had a total of 18 visits to date and reports low back pain. She reports having difficulty getting up from a seated or kneeled position. Objective findings are documented as lumbar tenderness and myospasms. Lumbar flexion is 6 inches FTF, extension is 25 degrees, bilateral rotation and bilateral side=bending is 30 degrees. She has pain with flexion, extension, and left side bending. Right Kemp's produced pain. Bilateral leg raising and lowering produces low back pain. Straight leg raise is positive on the right. She is diagnosed with lumbar discopathy flare. The provider's treatment plan recommends an additional 4 chiropractic visits and for her to continue to perform her home exercises and re-evaluate in two weeks. PR-2 notes of 1/22/15 indicated the injured worker pain was the same with low back pain radiating down the right leg with occasional numbness in the right leg. At that time the pain intensity was rated 6/10 and described as sharp, burning, and constant. Most activities would exacerbate her pain and lying down would alleviate the pain. It is documented that "the pills have not helped her pain at all". Trigger point injections helped for about a week and pain returned to about the same degree. Physical therapy, chiropractic therapy and acupuncture helped with acupuncture helping

the most. Walking also helps the pain but she cannot sleep because of pain. On this date, physical examination notes very tense right lumbar paraspinals and left lumbar paraspinals; with limited lumbar spine range of motion. It is then documented the lumbar spine motions are accomplished without the injured worker expressing any complaints of pain during the maneuvers and no evidence of radiating pain to the lower extremities on lumbar motion. She was diagnosed on this date with lumbar radiculopathy, lumbar facet syndrome and low back pain. He prescribed gabapentin 100mg one to three at night as tolerated and notes she has had one surgery but does not describe the procedure. He is also referring her to a provider for bilateral L4-L5 and L5-S1 facet injections. A MRI of the lumbar spine was completed on 11/12/14 with an impression documented as mild neural foraminal narrowing at L4-L5 and L5-S1 due to disc disease and facet arthropathy. There is no spinal canal stenosis or nerve impingement at any of the lumbar disc levels. The provider at this time is requesting authorization of additional chiropractic therapy for the lumbar spine one weekly for four weeks.

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

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

**Chiropractic for the lumbar, once weekly for four weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58 - 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are 24 per the records provided however, this is a soft cap on care. The Carrier can approve additional care with evidence of improvement. In this case the carrier has denied the request for 4 additional sessions of chiropractic care. The treatment records submitted for review show objective functional improvement with the past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 4 additional chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.