

<b>Case Number:</b>	CM15-0094748		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 05/22/2014. She injured her neck and low back. Mechanism of injury occurred as she was pushing and pulling carts loaded with dishes, she felt a sharp pain in her lower back. Diagnoses include neck sprain, cervicalgia, intervertebral disc disorder with myelopathy-lumbar region and sciatica. Treatment to date has included diagnostic studies, medications, trigger point injections, chiropractic sessions, physical therapy and a home exercise program. She received an epidural steroid injection and had an allergic reaction, no further epidural steroid injections will be recommended. Lumbar spine x rays done on 06/13/2014 were unremarkable. Magnetic Resonance Imaging of the lumbar spine done on 06/07/2014 showed congenital deformity versus mild to moderate old compression fracture at L4. A physician progress note dated 04/06/2015 documents the injured worker feels about a 60% improvement in her lower back area she is taking a lot less medication compared to before her 8 sessions of chiropractic and physical therapy treatment. She used to take about three pills a day and now she is down to only one pill a day for pain. She does complain of constant bilateral neck pain rated a 3 out of 10 on the pain scale and the pain radiates to the bilateral shoulders and is described as an aching pain. She has constant bilateral low back pain that is 4 out of 10 on a pain scale. The pain radiates to the left leg, and is sore in nature with numbness. On examination there is tenderness to palpation of the paraspinal area from C1 through T1 bilaterally. There is bilateral facet joint tenderness also from C1 to T1. Cervical range of motion is restricted. Foraminal compression, distraction and shoulder depression is positive bilaterally with pain. Her lumbar spine reveals paraspinal

tenderness bilaterally with palpation from L4-L5 and L5-S1 with walking. There is more pain on the right side. There is bilateral facet joint tenderness left greater than right at the level of L4-L5 and L5-S1. Left sided S1 joint tenderness is also noted. Sciatic notch and sciatic nerve tenderness is also noted on the left side. Iliac compression test is positive on the left with pain. Straight leg raise both in seated and supine position causes pain in the lumbar spine on the left side. The treatment plan includes six visit of chiropractic/physiotherapy treatment to the neck- she has not previously received this treatment to her neck in the past, and she is to continue pain management treatment. Treatment requested is for 6 additional outpatient chiropractic manipulations for the lumbar spine, 2 sessions per week for 3 weeks.

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

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

#### **6 Additional Outpatient Chiropractic Manipulation for the Lumbar Spine, 2 sessions per week for 3 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section, page 1.

**Decision rationale:** The patient has received 8 chiropractic care for her lumbar spine injury in the past. The chiropractic treatment records in the materials submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement up to 18 sessions. 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." The past chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been objective functional improvements with the care in the past per the PTP's progress notes reviewed. The patient has only received 8 sessions and can receive up to 18 visits per The MTUS. I find that the 6 additional chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.