

<b>Case Number:</b>	CM14-0140282		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 in 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:

The patient is a 35-year-old male born on 05/29/1979. There is a reported date of injury on 04/08/2012, but no history of injury was provided for this review. The medical provider's PR-2 of 02/05/2014 reports patient complaints of 8/10 sharp lumbar pain radiating down his legs, more on the left side. The patient reports numbness and tingling radiating down his legs, worse on the left side. The patient reported resting and taking his medication helped with pain. Objective findings noted as: patient complains of tenderness at L3-S1, bilateral paravertebral muscle and bilateral posterior superior iliac spine, 1 1/2 feet, 45/45, 70/70. Diagnoses reported as lumbar spinal stenosis and lumbar spine disc protrusion. The patient was to remain off work until 04/02/2014. The medical provider's PR-2 of 04/03/2014 reports patient complaints of 8/10 sharp and achy lumbar pain. The patient reported numbness and tingling radiating down his legs, worse on the left side. Pain worse when walking, standing and sitting. Objective findings noted as: patient complains of tenderness at L3-S1, bilateral paravertebral muscle and bilateral posterior superior iliac spine, 2 feet, 15, 30/30 and 45/45. Diagnoses reported as lumbar spinal stenosis and lumbar spine disc protrusion. The patient is to remain off work until 06/02/2014. The medical provider's PR-2 of 06/10/2014 reported patient complaints of 8/10 lumbar pain radiating down his legs, more on the left side and numbness and tingling radiating down his legs. Objective findings noted as: patient complains of pain at L3-S1, bilateral paravertebral muscle and bilateral posterior superior iliac spine, 1 1/2 feet, 20, 45/45, and 45/45. Diagnoses reported as lumbar spinal stenosis and lumbar spine disc protrusion. The patient is to remain off work until 08/06/2014. The medical provider's PR-2 of 08/06/2014 reported patient complaints of 8/10 sharp and achy lumbar pain, worse when walking. The patient also reported intermittent numbness and tingling radiating down his legs with left side worse. Objectively findings noted as: patient reported loss of lordosis along with complaints of pain at L3-S1 and bilateral posterior

superior iliac spine, 2 feet, 15, 45/45, and 45/45. Diagnoses reported as lumbar spinal stenosis and lumbar spine disc protrusion. The patient was to remain off work until 10/06/2014. The medical provider recommended chiropractic treatment reporting it was once approved in the past, but never got it.

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

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

#### **6 chiropractic therapy visits 2x3 to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The request for chiropractic visits to the lumbar spine at a frequency of 2 times per week for 3 weeks is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient's injury occurred on 04/08/2012. No chiropractic documentation was provided for this review. If the patient was treated with prior chiropractic care, there is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for chiropractic care 2 times per week for 3 weeks is not supported to be medically necessary. If the patient was not treated with prior chiropractic care, the request for chiropractic treatment at a frequency of 2 times per week for 3 weeks exceeds guidelines recommendations of a 2-week treatment trial, and the request is not supported to be medically necessary. The request for chiropractic visits to the lumbar spine at a frequency of 2 times per week for 3 weeks exceeds MTUS recommendations and is not supported to be medically necessary.