

Case Number:	CM14-0145088		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2013
Decision Date:	10/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 50-year-old male born on [REDACTED]. He has a reported date of injury on 06/14/2013, but no record of mechanism of injury was provided for this review. The earliest dated chiropractic record is the encounter note of 02/04/2014, which is noted as visit 12/12. The chiropractor reported the medical provider was recommending an additional course of chiropractic visits. No comparative measured physical examination findings were reported from visits 02/04/2014 through 02/18/2014, visit 16/16. The chiropractic documentation of 04/30/2014 is noted as an initial chiropractic evaluation/new patient examination. The patient presented with 5-8/10 low back pain with radiculopathy. The patient was performing regular work activities. Lumbar spine examination findings were noted as thoracolumbar ranges of motion: flexion 65 , extension 25 , bilateral rotation 25 , and bilateral lateral flexion 35 (considered normal ROM); lumbar spine paraspinal palpable tenderness, intersegment joint restrictions, negative SLR and Faber bilaterally, positive Milligram test, motor function 5/5, sensory intact, lower extremity DTRs within normal limits. Diagnoses were noted as lumbar spine degenerative disc disease and resolving radiculopathy. Chiropractic care at a frequency of 2 times per week for 4 weeks was recommended. On 06/16/2014, the patient presented for his 8th visit since beginning a course of care on 04/30/2014. The patient reported pain level 2/10. The physical examination findings were noted only as palpable tenderness intersegment joint restrictions in the lumbar spine and sacrum. Diagnoses reported as degenerative disc disease and resolving radiculopathy. In orthopedic follow-up on 08/12/2014, the patient reported improvement after an ESI on 07/30/2014. The patient expressed a desire for more chiropractic care. By lumbar examination, there was no loss of the normal lordosis or any other abnormal curvatures, no visible deformity or step-off; no paraspinal muscular tenderness to palpation, no tenderness to palpation of spinous processes, no paraspinal spasm; lumbar ranges of motion noted as: flexion 30 /60 , extension

5/20, bilateral lateral bending 10/20, and bilateral rotation 5/20, positive straight leg, lower extremity motor strength 5/5 bilaterally except the right tibialis anterior 4/5, patellar DTRs 2 bilaterally, Achilles DTRs 0 bilaterally, and decreased sensation to light touch in the L5 dermatome. Diagnoses were noted as spinal stenosis and radiculopathy. The patient was capable of regular work activities. The provider recommended chiropractic care at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Chiropractic Lumbar Spine twice a week for 4 weeks as an outpatient:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders Official Disability Guidelines; Work Loss Data Institute www.odg-twc.com; Section: Low Back](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20DisordersOfficial%20Disability%20Guidelines;Work%20Loss%20Data%20Institute%20www.odg-twc.com;Section:Low%20Back)

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

Decision rationale: 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 has recently completed 20 chiropractic visits. The records do not provide 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 comparative measured 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 8 additional chiropractic visits is not supported to be medically necessary.