

<b>Case Number:</b>	CM13-0002060		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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 Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, 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:

This patient is a 38-year-old woman who sustained a work-related injury on August 19, 2011. Subsequently, the patient developed low back and right lower extremity pain. On July 10, 2013 [REDACTED] diagnosed the patient with degenerative disc disease at L3-L4 and L4-L5 causing significant low back pain. Her physical examination demonstrated tenderness over the lumbosacral spine. The patient was treated with the pain medications, physical therapy and radiofrequency ablation. The provider requested authorization for chiropractic treatment of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT FOR EIGHT SESSIONS IN TREATMENT TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, manual therapy is "Recommended for chronic pain if caused by musculoskeletal conditions. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion...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." There is no documentation of objective findings that support that there is musculoskeletal dysfunction that requires prolonged manual therapy. A trial of up to 6 visits is reasonable to assess the efficacy of manual therapy. The request for eight sessions exceeds the MTUS Chronic Pain Guidelines' recommendations. The request is therefore not medically necessary and appropriate.