

<b>Case Number:</b>	CM13-0003887		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 licensed in Chiropractor and Acupuncture and is licensed to practice in Texas. 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 injured worker is a 49-year-old female who reported an injury on 09/13/2011. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar strain, back strain, sacrum strain, and radiculopathy. Previous treatments include 6 sessions of chiropractic care, medication, transcutaneous electrical nerve stimulation (TENS) unit, and an EMG/nerve conduction study. Within the clinical note dated 06/27/2013 the injured worker complained of low back pain with bilateral leg pain. Upon the physical examination the provider noted tenderness in the bilateral paraspinal area in the L5-S1 region and range of motion for flexion at 60 degrees, and extension at 25 degrees. The provider noted the injured worker's motor strength is normal, with sensation intact. The provider requested chiropractic treatments 2 times a week for 3 weeks for the low back, however, a rationale was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENTS 2 TIMES WEEKLY FOR 3 WEEKS TO THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The injured worker complained of low back pain with bilateral leg pain. Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal for effective manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and the return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement for a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had a significant objective functional improvement with prior therapy. Therefore, the request for chiropractic treatment 2 times a week for 3 weeks to the low back is not medically necessary.