

<b>Case Number:</b>	CM13-0010183		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/25/1992
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 physician 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 reported injury on 03/25/1992. The mechanism of injury was not provided. The patient has been noted to have participated in 12 visits of chiropractic care as of the date 03/20/2013 and was noted to have an additional 10 sessions of chiropractic visits that were recommended. The patient had significant lower back pain and left foot numbness that was minimized with chiropractic care. The patient's diagnosis was stated to be low back post laminectomy L4-5. Treatment was noted to include 10 additional chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic visits x 10, lumbar:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with a maximum duration of 8 weeks and then there should be documentation of objective functional improvement with a documented re-assessment monthly including objective functional improvement. Extended durations of care

beyond what is considered maximum may be necessary in cases of reinjury, interrupted continuity of care, exacerbation of symptoms, and in those patients with co-morbidities. The clinical documentation submitted for review indicated that per the 07/10/2013 note the patient had significant lower back pain and left foot numbness that was minimized with chiropractic care, and it was stated that specific manipulation of the low back seems to provide the most relief of symptomatology; however, the clinical documentation submitted for review failed to include the patient had documented improvement in function with the past 22 chiropractic sessions that have been approved, and failed to indicate the patient had a need for an extended duration of care. Documentation additionally failed to provide there were exceptional factors to warrant further treatment. Given the above, the request for additional chiropractic visits times 10 lumbar is not medically necessary.