

<b>Case Number:</b>	CM13-0011047		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Chiropractic 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 patient is a 31-year-old female who reported an injury on 06/23/2003. The mechanism of injury was not provided for review; however, it was noted that the patient has sustained 3 ACL injuries to the right knee. The patient began to experience an onset of lower back pain after a third ACL surgery in 2007. An MRI of the low back obtained on 06/10/2013 (report not included), revealed a mild annular bulge and right posterior lateral annular fissure at L4-5, causing mild bilateral neural foraminal narrowing. There was also a mild annular disc bulge at L5-S1, also causing mild bilateral neural foraminal narrowing. As of the 07/24/2013 clinical note, the patient reported not receiving any treatment for her lower back to date. At that time, the patient's lumbar range of motion revealed 35 degrees of flexion, 20 degrees of extension, she had positive facet loading on the right side, and straight leg raising was positive on both sides, at 40 degrees; distribution of pain was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): s 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MANUAL THERAPY & MANIPULATION Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend manual therapy for chronic pain, if caused by musculoskeletal conditions. The MTUS Chronic Pain Guidelines state that a trial of 6 visits is recommended to treat the lower back and, if functional improvement is obtained, additional visits may be requested. Although the patient may benefit from manual therapy due to her lumbar complaints, the current request for 8 sessions exceeds MTUS Chronic Pain Guidelines' recommendations. As such, the request for 8 chiropractic sessions is not medically necessary and appropriate.