

<b>Case Number:</b>	CM13-0016437		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Chiropractic and Acupuncture 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 injured worker is a 70 year old female who reported low back pain from injury sustained on 01/15/97. She was doing her regular and customary duties as she was standing next to an elderly patient who had fainted; she caught the patient resulting in her being hyperflexed. There were no diagnostic imaging reports. The patient was diagnosed with sciatica and lumbar subluxation. Records provided show the patient being treated with chiropractic. Total number of chiropractic visits to date is unknown. There is lack of objective findings in the PR-2 reports provided. In the PR-2 dated 1/24/13, the patient had constant slight-moderate low back pain. The PR-2 documented the patient feeling worse but improved with prior adjustment; patient appeared crooked; there was palpable tenderness in the paralumbar region. The most recent PR-2 dated 7/10/13 failed to identify any objective finding or presence of exacerbation which would require chiropractic treatment. Treating chiropractor is requesting 2 visits per month for 3 months but fail to identify any current flare-ups. ❌

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE, WITH TRIGGER POINT AND/OR HEAT THERAPIES, TO THE LUMBAR, 2 VISITS PER MONTH FOR 3 MONTHS, FOR A TOTAL OF 6 VISITS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Manual Therapy and Manipulation, 58-59

**Decision rationale:** Per MTUS Chronic Pain medical treatment guidelines, manual therapy and manipulation 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 objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended as an option for the low back. Therapeutic care should begin with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, to total of up to 18 visits over 6-8 weeks. Elective/ maintenance care is not medically necessary. For the treatment of reoccurrences/flare-ups, treatment success must be reevaluated. Per medical records provided, the patient hasn't had any recent exacerbation that would necessitate additional chiropractic treatment. Per guidelines maintenance care is not recommended. Per review of evidence and guidelines additional chiropractic care is not medically necessary.