

<b>Case Number:</b>	CM13-0022022		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 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 patient is a 51-year-old female who reported injury on 01/14/2009. The mechanism of injury was stated to be the patient was a driver of a vehicle that was struck from behind with several impacts. The patient was noted to have increased low back pain and lower extremity pain and cramping. It was noted the patient had previous chiropractic treatments. The assessment was noted to include discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity of the lumbar spine, and abnormal posture/flexion antalgia. The request was made for chiropractic manipulation 3 x 2 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation 3 X 2 for the lumbar spine:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines state that 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. For the low back, therapy is recommended

initially in a therapeutic trial of 6 sessions, and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. MTUS Chronic Pain Guidelines suggest there should be some outward sign of subjective or objective improvement within the first 6 visits. Clinical documentation submitted for review indicated that the patient stated her capacity for standing and walking was improved. It was noted that this was achieved through the use of transverse arch taping. The patient was noted to be able to stand more erectly and able to stand in place for longer periods of time. The patient's flexion antalgia was noted to be reduced to 12 degrees with paravertebral muscle splinting/spasm from L5 through the lower thoracic spine. Clinical documentation submitted for review failed to provide the number of sessions the patient had participated in for chiropractic care and it failed to provide the documentation of objective functional improvement to support the necessity for ongoing therapy. The request for chiropractic manipulation 3x2 for the lumbar spine is not medically necessary and appropriate.