

<b>Case Number:</b>	CM13-0022591		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal Medicine, has a subspecialty in Cardiovascular Disease 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 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 is a 49-year-old female who reported an injury on 01/06/2010 due to lifting and carrying boxes up and down stairs. The patient sustained an injury to the low back. The patient was initially treated with physical therapy, medications, and chiropractic care. The patient underwent an MRI that revealed a disc protrusion at the L3-4, L4-5, and L5-S1 indenting the thecal sac. The patient was provided with lumbar epidural steroid injections. The patient's most recent clinical exam findings included limited lumbar range of motion, tenderness to palpation and muscle spasms in the lumbosacral spine area, a positive straight leg raising test, and a positive Kemp's test. The patient's diagnoses included flare up of lumbosacral disc displacement without myelopathy. The patient's treatment plan included chiropractic care and physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro Physio Therapy 1xWk x 4 Wks Lumbar Spine:** 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 Page(s): 58.

**Decision rationale:** The requested Chiro Physio Therapy 1x Wk x 4 Wks for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously undergone a course of chiropractic care that did provide functional benefit. However, California Medical Treatment Utilization Schedule recommends the treatment success be documented and if a return to work is achieved then 1 to 2 visits would be appropriate for recurrences or flare ups. The clinical documentation submitted for review does identify that this is considered a flare up of the patient's pain. However, there is no indication that the patient has returned to work. Additionally, the requested total of 4 visits exceeds guideline recommendations of 1 to 2 visits. There are no exceptional factors within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Chiro Physio Therapy 1xWk x 4 Wks for the lumbar spine is not medically necessary or appropriate.