

<b>Case Number:</b>	CM13-0024860		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of May 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and extensive periods of time off of work. In a Utilization Review Report dated August 14, 2013, the claims administrator denied a request for six sessions of chiropractic manipulative therapy, which he had interpreted as continued chiropractic manipulative therapy, stating that the applicant had not demonstrated improvement with earlier treatment. Despite the fact that this was not a chronic pain case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a September 17, 2013 progress note, the applicant was described unchanged and unimproved. Decreased and guarded range of motion about the lumbar spine. The applicant was placed off of work, on total temporary disability and was asked to obtain facet blocks. Norco and Flexeril were renewed. In a handwritten note dated July 15, 2013, the applicant's treating chiropractor acknowledged that the applicant had had 12 sessions of treatment through that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT THREE TIMES A WEEK FOR TWO WEEKS,  
LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 299, if manipulation does not bring requisite improvement in three to four weeks, it should be stopped and applicant reevaluated. In this case, the applicant had had 12 prior sessions of chiropractic manipulative therapy and had failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20f despite completion of the same. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant and highly dependent on medication such as Norco and Flexeril. Continued manipulative therapy was not appropriate, given the lack of functional improvement as defined by the parameters established in section 9792.20f. Therefore, the request is not medically necessary.