

<b>Case Number:</b>	CM13-0026808		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/22/1992
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 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 male with a date of injury of 09/02/92 and reported with a new onset of pain. According to a progress report dated 9/4/2013 the patient went hiking on 8/23/14 or 8/24/13 which was followed by severe low back pain and caused him to be in bed for two days. The patient sought chiropractic treatment on a regular basis for an unknown number of visits which helped to resolve the patient's pain. Complaints are moderate pain in the low back area and prescriptions are for Flexeril, TAB 10MG 1 by mouth twice daily (po bid) , Hydrocodone-Acetaminophen 5-500M 1-2 by every six hours as needed for pain; Ibuprofen, TABS 800MG 1 by mouth three times daily as needed for inflammation; Lidoderm Patch 5%. The diagnoses are nonspecific low back pain, bulging annulus fibrosis L5/S1 without nerve root compromise and osteoarthritis of the facet joints of L4/L5. Objective findings were limited to observation of slow moving, tenderness across the lumbosacral junction, lateral bending was 20 degrees in either direction, forward flexion to the tibial tubercles and no apparent neurological deficits in the lower extremities. The provider has requested 12 sessions of chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments for the Low Back #12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** There is insufficient clinical information to establish necessity for the services requested, 12 sessions of chiropractic treatment. Specifically, it is unclear how many chiropractic sessions the patient has had, and there is lacking information of any objective functional improvement. Therefore the request for 12 sessions of chiropractic treatments is noncertified at this time. The California MTUS Guidelines state that manual therapy is recommended as an option for the low back with a trial of 6 visits over two weeks with evidence of objective functional improvement and a total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary.