

<b>Case Number:</b>	CM13-0033671		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Chiropractor 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 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 62-year-old male who reported an injury on 04/23/2013. The mechanism of injury was the injured worker bent over to pick up empty boxes and developed a right lower backache. The injured worker was treated with physical therapy. The documentation of 07/24/2013 revealed objective findings of bilateral paraspinal tenderness in the cervical, thoracic, and lumbar spine. There was decreased range of motion in the cervical, thoracic, and lumbar spine in all planes. The diagnoses included herniated nucleus pulposus of the lumbar and cervical spine and Degenerative Disc Disease of the thoracic spine. The treatment plan included eight visits of chiropractic physiotherapy for the cervical, thoracic, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT TWO TIMES FOUR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal

conditions. For the low back, therapy is recommended initially in a therapeutic trial of six sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. The clinical documentation submitted for review indicated the injured worker had paraspinal tenderness and decreased range of motion. However, additionally it was indicated the injured worker had prior chiropractic care and had completed 6 sessions, which were helpful in decreasing the pain and improving his activity level. He indicated that without chiropractic care he would not be able to walk at all. It was indicated the injured worker was currently in chiropractic physiotherapy, there was lack of documentation indicating the remaining number of sessions. The request, as submitted, failed to indicate the body part the chiropractic treatment was to treat. Given the above, the request for two times four is not medically necessary.