

<b>Case Number:</b>	CM13-0034921		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed Chiropractor, has a subspecialty in Chiropractic Sports 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 injured worker is a 35 year old male who slipped and fell at on 05/15/2013. His symptoms included low back pain with radiculitis to lower extremities. The lumbar spine x-ray on 6/7/2013 showed splinting of the spine to the right which suggested muscle spasm. The medical doctor has the patient at full duty in his PR-2 report dated 6/18/2013. On 7/11/2013 the medical doctors PR-2 states that the injured worker "not getting better after 2 months" even though the doctor's report reveals minimal tenderness and normal finding on exam. MRI on 8/6/2013 of the lumbar spine revealed L5-S1 degenerative disc disease with a small central disc protrusion perhaps 2mm. The chiropractor report dated 9/17/2013 reveals low back pain with bilateral hip and thigh pain 9/10, bilateral knee pain 5/10, bilateral ankle pain 7/10. Patient expresses depression and anxiety due to the pain. Chiropractor states that manipulation has been helpful after 8 treatments and is requesting 12 additional visits as well as 6 acupuncture visits. In regards to the chiropractic care, there does not seem to be any comparative exam findings from the initial exam until now to warrant additional care. On 10/30/2013 the chiropractor states the patient is TTD. On 11/4/2013 the medical doctor states the patient walks with a cane. On 11/14/2013 the medical doctor requested EMS/NCV studies of the bilateral lower extremities. Treatment to date has included acupuncture, chiropractic therapy, medications and DME

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks. The chiropractor requested 2 visits per week for 6 weeks with a total of 12 additional chiropractic manipulative visits. This does not follow the MTUS guidelines for chronic pain caused by a musculoskeletal condition. The initial 10 chiropractic manipulative visits have not documented beneficial improvement. The injured worker has not shown any objective measurable gains in functional improvement to warrant additional care. The injured worker is still TTD. The additional chiropractic care is not approved.