

<b>Case Number:</b>	CM13-0037494		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 physical medicine and rehabilitation, 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 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 46-year-old male who reported an injury on 02/12/2009; the mechanism of injury was not provided for review. The patient ultimately underwent post lumbar fusion from the L3-S1 in 04/2011. The patient was treated postsurgically with physical therapy, aquatic therapy, psychological support, medications and chiropractic therapy. The patient's most recent clinical examination findings included that the patient had an acute exacerbation of chronic low back pain. Physical findings revealed 8/10 pain of the low back that radiated into the left lower extremity with a positive straight leg raise test and tenderness to palpation along the L4-5 lumbar paraspinous musculature. The patient's diagnoses included a lumbar strain and degenerative disc disease. The patient's treatment plan included chiropractic care 2 times a week for 2 weeks and then an independent pool program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times per week for 2 weeks:** 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 Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The requested chiropractic care at 2 times a week for 2 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent chiropractic care and currently has an acute exacerbation of chronic pain to the low back. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic care as an appropriate intervention for acute exacerbations of chronic pain when return to work is achieved. The clinical documentation submitted for review does not provide any evidence that the patient has returned to work and would benefit from additional chiropractic care. Additionally, the requested 2 times 2 visits for 2 weeks exceeds the recommended 1 to 2 visits. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic care at 2 times a week for 2 weeks is not medically necessary or appropriate.