

<b>Case Number:</b>	CM13-0043161		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 56-year-old male who reported an injury on 05/09/2012. The mechanism of injury was not provided. The patient was noted to have tenderness from the mid to distal lumbar segments. There was noted to be pain with terminal motion, and the seated nerve root test was positive. The patient was noted to have dysesthesia at the right L5 and S1 dermatomes. The examination of the cervical spine revealed the patient had tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling maneuvers were positive. The patient was noted to have painful and restricted cervical range of motion. The patient's diagnoses were noted to include dis nec/nos-lu and joint pain in the lower leg as well as joint pain in the pelvis. The request was made for continued chiropractic care, 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care two (2) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS states that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Also, the time to produce effect is indicated as 4 to 6 treatments. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated, per the physician, that the patient was to continue undergoing physical therapy; however, per the submitted DWC Form RFA, it was noted to be for continued chiropractic care. There was a lack of documentation of objective functional improvement with the therapy. There was a lack of documentation indicating the quantity of sessions that had been participated in. Additionally, there was a lack of documentation per the submitted request as to the body part the request was being submitted for. Given the above, the request for chiropractic care, twice a week times 4 weeks, is not medically necessary.