

<b>Case Number:</b>	CM13-0044278		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 in Occupational 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:

This is a 25-year-old female patient with a 5/21/13 date of injury. On 4/11/14, the patient presented with improving low back pain and unchanged physical exam findings. 2/19/14 supplemental report indicates that the patient can return to work with lifting restrictions. 12/18/13 physical exam demonstrates limited lumbar range of motion, lumbar trigger points, and lumbar weakness. Treatment to date has included chiropractic care time 6, physical therapy, medication and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 3X4WKS FOR THE LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-99, Chronic Pain Treatment Guidelines Chiropractic Manipulation Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not

medically necessary. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous chiropractic therapy. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. A recent physical exam was not documented. Therefore, the request for chiropractic 3x4wks for the low back was not medically necessary.

**LSO BRACE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Lumbar Supports

**Decision rationale:** The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, there remains no documentation of compression fractures, spondylolisthesis, or documented instability. The most recent progress report noted improved low back pain. Therefore, the request for a LSO brace was not medically necessary.