

<b>Case Number:</b>	CM13-0046599		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 45 year-old with a date of injury of 07/20/10. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine with decreased reflexes. Diagnoses included lumbar strain/sprain. Treatment has included NSAIDs and two previous chiropractic sessions. A Utilization Review determination was rendered on 10/22/13 recommending non-certification of "Additional Chiropractic Therapy 2 Times 3 for the Lumbar Spine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIROPRACTIC THERAPY 2 TIMES 3 FOR THE LUMBAR SPINE:**

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 AND MANIPULATION Page(s): 58-60.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a

trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. In this case, a handwritten PR-2 indicates that the patient has ongoing low back pain, but already has had 2 chiropractic sessions. The Guidelines recommend an initial trial of 6 sessions. Therefore, the record does not document the medical necessity for chiropractic as requested, 6 additional sessions.