

<b>Case Number:</b>	CM13-0047408		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/08/2013
<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 licensed in Chiropractic, 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 44 year old male who reported left hip pain on 6/19/13. His initial symptom was left hip area pain. Later he developed pain in the low back and left anterior thigh. The injured worker was going down a set of stairs carrying a pig and took a wrong step twisting and hurting his low back and hip. Initially he was treated with medication and physical therapy. He completed 12 session of physical therapy and 6 sessions of chiropractic manipulation according to the records. He was originally given a work restriction of no lifting, push/pulling greater than 5 lbs, no kneeling, squatting, climbing stairs/ladders with 100% sitting. By 9/30/13 the restrictions improved to no lifting over 35 lbs, no push/pull over 70 lbs with limited kneeling, squatting, climbing stairs/ladders and alternate sitting and standing. MRI of the lumbar spine on 7/29/13 revealed transitional lumbosacral junction vertebra which is labeled L5. Disc degeneration at L3-4 and L4-5 with minimal canal and neural foraminal compromise at L4-5. Numerous bilateral renal cysts, rule out polycystic kidney disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment (6 sessions):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, Indications for Manipulation.

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

**Decision rationale:** Low back manipulation is recommended for chronic pain if caused by musculoskeletal condition. The intended goal or effect of 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 productivity activities. Low back manipulation is recommended as an option according to MTUS Chronic Pain Guidelines. Therapeutic care for the low back is a trial of 6 visits or 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. The patient's pain is decreasing and his work restrictions have lessened and he is able to carry his 4 year old child, which reveals objective functional improvement. Therefore six visits are approved.