

<b>Case Number:</b>	CM13-0051467		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Chiropractic Services 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 claimant is a 49-year-old male who was involved in a work injury on 5/21/2013. The claimant was instructed to go to [REDACTED] for an evaluation. The claimant underwent an initial evaluation on 5/21/2013 for complaints of lower back pain and was diagnosed with lumbar spine sprain. The claimant was prescribed medication, icepack, a lumbar support and placed on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 4-6 visits once a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

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

**Decision rationale:** According to the peer review report dated 11/6/2013 "the patient has received prior treatment in the form of 24 visits of PT to date, as well as 9 visits of chiropractic care." The actual number of treatments provided was not available as there were no treatment records available beyond the progress reports. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an

option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." In order for additional treatment to be considered appropriate to must be documented functional improvement. There was no evidence of functional improvement. In fact, a review of the serial examinations dated 7/26/2013, 8/30/2013, 10/11/2013, and 11/22/2013 revealed no evidence of quantifiable subjective, objective, or functional improvement such as improvement in activities of daily living or reduction in treatment. On each occasion the claimant complained of pain with no evidence of improvement. Given the absence of documented quantifiable functional improvement as a result of the initial course of care, the medical necessity for the requested 6 additional chiropractic treatments at one time per week for 4-6 weeks was not established.