

<b>Case Number:</b>	CM13-0057010		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and Acupuncture 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 59 year old male who reported low back pain from a work-related injury sustained on 6/5/09. The patient was working modified duty when a supervisor hugged and squeezed him, injuring his low back causing temporary disability. The patient was diagnosed with lumbago and thoracic spine pain, and was treated with medication and chiropractic. Per notes dated 10/3/13, the patient is experiencing ongoing low back pain and thoracic pain. The low back continues to be the main source of pain, with radiating symptoms down the legs. Symptoms are becoming progressively worse. The patient was last seen by the chiropractor in June 2013. Per chiropractor progress notes, when he is going through chiropractic treatments, his lower extremity radiating symptoms decrease, his sleep improves, and he is able to take less medication and exercise more aggressively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment twice a week for four weeks for the thoracic/lumbar spine:** Upheld

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

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

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Chiropractic treatment is recommended for the low back; for reoccurrences/flare-ups, 1-2 visits every 4-6 months may be recommended if return to work status has been achieved. The patient had previous chiropractic care which helped with symptoms and functional capacity. However, the requested eight sessions exceed guidelines recommendations. As such, the requested additional chiropractic sessions are not medically necessary.