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| <b>Case Number:</b>   | CM13-0057912 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/03/2011 |
| <b>Decision Date:</b> | 05/05/2014   | <b>UR Denial Date:</b>       | 11/08/2013 |
| <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 is licensed to practice in Texas. 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 female who reported an injury on 10/03/2011 after a slip and fall that reportedly caused injury to her low back. The injured worker's treatment history included acupuncture for the lumbar spine and abdomen, chiropractic care for the lumbar and thoracic spine, and physical therapy for the lumbar spine. The most recent clinical evaluation submitted for review was dated 07/23/2013. It was documented that the injured worker continued to complain of low back pain. Evaluation of the lumbar spine revealed tenderness to palpation of the iliolumbar ligament and left sacroiliac joint with a negative straight leg raising test. The injured worker's diagnoses included possible inguinal hernia, lumbar spine degenerative disc disease, left sacroiliac joint dysfunction, and left piriformis syndrome. On that day, there was no active treatment recommended. The request was made for chiropractic care 2 times a week for 3 weeks for the low back. There was no justification submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

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

**Decision rationale:** The requested chiropractic care 2 times a week for 3 weeks for the low back is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends manual therapy for the low back be based on documentation of functional benefits and symptom relief. The clinical documentation does indicate that the injured worker previously participated in chiropractic care for the lumbar spine. However, there was no documentation of significant functional benefit resulting from the prior manual therapy. Additionally, there was no justification for the request provided to support ongoing chiropractic care. As such, the requested chiropractic care 2 times a week for 3 weeks for the low back is not medically necessary or appropriate.