

<b>Case Number:</b>	CM13-0060787		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/12/1997
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 63-year-old male with date of injury of 07/12/1997. The listed diagnoses per [REDACTED] dated 04/14/2013 are osteoarthritis, advanced, right shoulder, pain in the left hand, improved, back pain and status post total knee replacement, bilateral. According to the progress report dated 10/23/2013 by [REDACTED], the patient complains of an acute flare-up of his low back injury. He states that he was walking down the stairs at home when he felt a sharp pain in his right lower back. He has utilized ice, heat, stretching, and other home-based measures to resolve the flare-up without success. He states that his pain is constant in the right lower back radiating to the right posterior thigh. He rates his pain 6/10 to 7/10. He describes it as a dull, aching pain, sharp, and stabbing. Examination reveals lumbar range of motion is slightly restricted. Straight leg raise is positive bilaterally. The provider is requesting 6 chiropractic treatments for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWO TIMES A WEEK FOR THREE WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with chronic low back pain radiating to the right posterior thigh. The provider is requesting 6 chiropractic treatments for the lumbar spine. The California MTUS Guidelines page 50 and 59 on chiropractic treatments states that it is recommended for chronic pain if caused by musculoskeletal conditions. In addition, a trial of 6 visits over 2 weeks is recommended and, with evidence of functional improvement, up to a total of 18 visits over 6 to 8 weeks. The records show that the patient has received 4 visits thus far. However, chiropractic report dated 10/21/2013 documents that the patient is not improving with treatment. In this case, the patient has trialed 4 chiropractic treatments without significant functional improvement or benefit. The California MTUS does not recommend continuing chiropractic treatments unless the initial trial yields functional and pain benefit. Recommendation is for denial.