

<b>Case Number:</b>	CM13-0061637		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 42-year-old male who was involved in a work injury on 10/23/2012 in which he injured his lower back. The injury was described as a claimant was "working in fields digging and slipped and fell landing on his buttocks injuring lower back." The claimant presented to the office of [REDACTED], on 2/5/2013, upon referral from his PCP, [REDACTED], M.D. At the time of this evaluation the claimant complained of lower back and gluteal pain. The claimant was evaluated and diagnosed with moderate lumbosacral sprain/strain, lumbar radiculitis, and thoracic strain. A course of chiropractic treatment was initiated with the claimant receiving 24 treatments through 5/17/2013. On 5/7/2014 the claimant underwent an initial physical therapy evaluation. The report indicated that the claimant "had several Chiro Prescription and currently seeing acupuncturist. At the time of this evaluation the claimant complained of persistent lower back pain that radiates into the upper back and right shoulder. The claimant was referred by [REDACTED]. The recommendation was for physical therapy 2 times per week for 3 weeks. This was modified to certify 3 additional treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIROPRACTIC 1 TIME PER WEEK FOR 3 WEEKS (3 VISITS):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

**Decision rationale:** 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." The claimant underwent a course of 24 treatments with [REDACTED] with no evidence of lasting functional improvement. The requested 3 additional treatments exceed this guideline. Therefore, given the absence of lasting functional improvement the medical necessity for the requested 3 additional treatments was not established. Therefore, Additional Chiropractic 1 Time per Week for 3 Weeks (3 Visits) is not medically necessary.