MAXIMUS Federal Services

| Case Number: | CM14-0000680 | | |
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| Date Assigned: | 01/17/2014 | Date of Injury: | 09/14/2004 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

## 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, has a subspecialty in Chiropractic Sports Physician, 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 55-year-old female who was injured on 09/14/2004. There is no original mechanism of injury given. Her job seems to consist of a lot of office work involving a lot of sitting at a computer and paper work. Her diagnosis includes lumbar sprain and discopathy. According to the medical records she has received chiropractic manipulation and physical therapy for her flare-ups. She has been instructed in home exercise. The injured worker has responded well with chiropractic manipulation for her previous flare-ups. On 12/23/2013 the Utilization Review denied the 12/16/2013 request for 6 chiropractic manipulations stating "no evidence of lasting functional improvement as a result of previous course of care." On 1/09/2014 the treating chiropractor responded with a report which revealed functional improvement through returning to work and increased activities of daily living (ADLs), increased range of motion (ROM), and decreased pain from her 8/17/2013 flare-up to her low back . On 8/17/2013 report the chiropractor states 1). Active ROM (AROM) loss at low back 40-50% 2). Facet pain with prone compression maneuvers at the left sacroiliac and L5-S1 facet. 3). Antalgic twist to pelvis and spine 4) Lumbar spine misalignment. 5). Injured worker missed prior 2 days of work. 6). the goals were ADL recovery and active ROM improvements to include normal walking, sitting, bending, twisting and return to work. The patient received 6 chiropractic manipulation treatments and function was restored followed by the injured worker returning to work. On 10/2/2013 report the injured worker has improved 80% with no radicular symptoms and returned to work. Increased ROM was documented and the she was released from care. On 12/16/2013 the progress report stated that the injured worker had another flare-up. The report stated the following; AROM 60-70%, and antalgic no lost time from work as the injured worker had retired. The chiropractor requested 6 treatments for this flare-up.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT CHIROPRACTIC THERAPY TIMES SIX (6) SESSIONS TO THE LUMBAR:** 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:** According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. For recurrences/flare-ups, the provider needs to re-evaluate the treatment success, if return to work is achieved then 1-2 visits every 4-6 months. In this case, the chiropractic treatment request for 6 visits over 4 weeks to the lumbar spine is authorized. The chiropractic reports of 8/7/2013 and 10/2/2013 clearly show the goals outlined in the MTUS Chronic Pain Guidelines have been achieved. With improvement through returning to work and increased activities of daily living (ADLs), increased range of motion (ROM), decreased pain and therapeutic exercise program. As such, the request is certified.