

<b>Case Number:</b>	CM14-0004175		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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, 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 48 year old male with a reported date of injury on 7/15/09. The injury occurred while performing job related duties as a machine operator. The injured worker complained of 8/10 pain in his lumbar spine. The injured worker's medication regimen included ibuprofen, Chlorzoxazone, Baclofen, and Vicodin. According to the clinical documentation provided, the injured worker underwent L3-5 laminectomy, medial facetectomy and bilateral foraminal foraminotomy surgery on 5/23/11, and completed a course of therapy. The injured worker's medication regimen included Dulcolax, Dilantin, Atorvastatin, Percocet, and Oxycodone. The injured worker's diagnosis included low back pain and lumbar spine radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 CHIROPRACTIC THERAPY TO THE LUMBAR SPINE, 2 TIMES PER WEEK FOR 6 WEEKS, AS OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, [HTTPS://WWW.ACOEMPRACGUIDES.ORG/LOW BACK](https://www.acoempracguides.org/low-back), TABLE 2,SUMMARY OF RECOMENDATIONS, LOW BACK DISORDERS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MANUAL THERAPY AND MANIPULATION, 58

**Decision rationale:** The California MTUS guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine 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. According to the clinical information provided for review, the injured worker had a history of physical therapy, though the number of visits is unknown. There is a lack of documentation provided regarding functional deficits, beyond "plain miserable" noted on 10/28/13. According to the clinical note dated 12/16/13 the physician noted that regarding chiropractic care, it would be too early for the intervention; it was unlikely that a conservative approach would be beneficial and may aggravate the patient at this point in time. As such, the request is not medically necessary.