

<b>Case Number:</b>	CM14-0005367		
<b>Date Assigned:</b>	01/30/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 52 year old male who reported an injury on 10/05/2010 due to an unknown mechanism. The clinical note dated 02/28/2013 reported pain in the lower back. The physical exam of the lumbar spine revealed range of motion was 50 percent of the normal. The injured worker had slight weakness of the left foot, and sensory deficit of the left leg to the calf at L5-S1 dermatomes. The provider has requested chiropractic treatment for the lumbar spine, 2 times per week for 3 weeks. The request for authorization form was not included in this medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE, 2 TIMES PER WEEK FOR 3 WEEKS: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines recommend that 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The documents provided lack evidence that the injured worker would benefit from future chiropractic treatments. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The total number of sessions completed to date was unclear. Therefore the request is not medically necessary.