

<b>Case Number:</b>	CM14-0007119		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/06/2014
<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 Board Certified in Physical Medicine and Rehabilitation 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 39 year old female who reported an injury on 05/15/2013. The clinical note dated 12/03/2013 reported the injured worker complained of low back pain rated 7/10 with left worse than right. The injured worker complained of increasing spasms of the lumbar paraspinal. The injured worker reported having 24 sessions of physical therapy or chiropractic therapy. The injured worker reported was unable to complete activities of daily living without medications. The injured worker also noted frequent inability to adhere to the recommended exercise regimen without medication due to pain. On the physical examination, the provider noted tenderness to the lumbar spine. The provider noted lumbar range of motion was normal. The provider noted spasms to the lumbar paraspinal muscles. The injured worker had diagnoses of lumbar myofascial pain, and protrusion of the L4-5 with radiculopathy. The provider was requesting 12 additional chiropractic treatments for the lumbar spine, 3 times a week for 4 weeks as an outpatient. The Request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE, THREE TIMES A WEEK FOR FOUR WEEKS, AS AN OUTPATIENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect for 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 MTUS Chronic Pain Guidelines also note for low back pain a trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement, the MTUS Chronic Pain Guidelines recommend a total of up to 18 visits over 6 to 8 weeks. The provider failed to provide an adequate pain assessment. There was a lack of functional improvement documented with the prior sessions. In addition, the request for 12 additional chiropractic treatments exceeds the MTUS Chronic Pain Guidelines' recommendations of a total of 18 visits for chiropractic treatment. Therefore, the request is not medically necessary and appropriate.