

<b>Case Number:</b>	CM14-0007462		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 patient is a 40-year-old male with a 6/15/12 date of injury. His subjective complaints include severe depression, and objective findings include decreased range of motion in the lumbar spine. The current diagnosis is lumbar sprain/strain, and treatment to date has been medications, activity modification, acupuncture, and chiropractic. The chiropractic treatment was reported as helpful, but the number of chiropractic treatments completed to date was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 2XWEEK X 6 WEEKS LUMBER SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION , 58-59

**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 MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy/manipulation is recommended for chronic pain if it is 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 MTUS states that manual therapy for the low back is recommended under the condition of an initial trial of six visits over two weeks. If functional improvement is documented, then a total of 18 visits over 6-8 weeks may be recommended. Since the number of prior chiropractic treatments was not provided, it cannot be determined if the requested 12 sessions would exceed guideline limits. As such, the request is not medically necessary.