

<b>Case Number:</b>	CM14-0008499		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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:

According to the available medical records, this is a 59-years-old female patient with chronic low back pain. The date of injury is 11/08/2011. Previous treatments include chiropractic and medications. The progress report dated 12/18/2013 by the treating doctor revealed lumbar pain 2/10. The symptoms have been present 40% of the day, worse in the morning, sharp, aching, stabbing, radiating and cramping. The patient described the symptoms as radiating bilaterally down the buttock, aggravated by activities involving standing and sitting, some relief with rest. The patient is reported as maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION THERAPY, ELECTRICAL STIMULATION AND EXTRASPINAL MANIPULATIONS, SIX (6) VISITS WITHIN A MONTH TO LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** According to the MTUS guidelines, manual therapy and manipulation for the low back is recommended as an option. For therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For Elective/maintenance care, manual therapy is not medically necessary. For recurrences/flare-ups, the MTUS recommends need to reevaluate treatment success, if return to work is achieved then 1-2 visits every 4-6 months. In this case, the available medical records revealed that the patient has had 36 chiropractic sessions in 2013. This exceeded the number of visits recommended by CA MTUS guidelines for chiropractic treatment and therefore, the request is not medically necessary.