

<b>Case Number:</b>	CM14-0108157		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/18/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine 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 68-year-old female with 5/18/1999 industrial date of injury to the low back. Treatment has included chiropractic care with physiotherapy. A prior peer review was performed on 6/25/2014 and a peer-to-peer discussion took place. The requested 5 chiropractic manipulation with physiotherapy over 3 months, was modified to allow 1 visit. According to the recent 7/10/2014 Primary Treating Physician, Progress Report (PR-2) the patient complains of low back pain with radicular sciatic pain down the left hip and leg, rated 6/10. She had improved after adjustment then 2 weeks ago had flare-up. She also complains of moderate neck pain, pain between the shoulders, and headaches. Examination documents absent patella, and Achilles reflex, decreased range of motion, cervical rotation with extension increase neck pain, 50% lumbar extension with increased low back pain and spasm, trigger point, edema at sacroiliac joints. Diagnoses are degenerative disc disease, thoracic intervertebral disc disorder, sciatica and hip subluxation. Treatment plan is chiropractic with physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation with physiotherapy QTY: 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** The CA MTUS guidelines recommend Manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. According to the 7/10/2014 PR-2, the patient presents with complaints of flare-up of her chronic low back complaint. According to the medical records, the patient has received ongoing, routine chiropractic care for this 1999 industrial injury. There is no mention of active utilization of any self-care plan, HEP, self-management of her remote injury. Elective/maintenance care is not medically necessary. In addition, there is no clinical evidence of sustained or objective functional improvement with previous care. The medical necessity of the request has not been established. The request is non-certified.