

<b>Case Number:</b>	CM14-0016561		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 26 year old female who was injured on 07/09/2013. She reports she sustained an injury from cleaning and moving chairs at work. The patient states she went to pick up a child weighing 20 lbs when she started developing pain to her lower back which exacerbated her previous work injury. Prior treatment history has included medications and physical therapy. Discharge summary from physical therapy dated 09/09/2013 noted the patient was discharged from therapy as her gross range of motion and strength was within functional limits. Physical therapy note dated 08/14/2013 indicates the patient rates her pain as 2/10 compared to her initial pain level of 6/10. Progress Report 2 dated 11/15/2014 reports the patient presents with complaints of low back pain that radiates up her back. She reports the medications help but at times, she gets an upset stomach. Therapy helps decrease her pain and increase mobility. She rates her pain at 3/10. On exam, she has low back pain with paraspinal tenderness. Diagnosis is lumbosacral spine sprain/strain. The treating provider has requested 8 Chiropractic Therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 CHIROPRACTIC THERAPY SESSIONS FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Manipulation.

**Decision rationale:** The CA MTUS/Official Disability Guidelines recommends a trial of 6 sessions of Chiropractic therapy if indicated. If there is objective functional improvement reported then additional sessions may be requested. The medical records document low back strain/sprain in this young lady and an active home exercise program should be done in conjunction with the requested Chiropractic treatments. Based on the CA MTUS/Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for a trial of 8 of Chiropractic sessions is not medically appropriate. Medical necessity for the requested service has not been established therefore, the requested service is not medically necessary.