

<b>Case Number:</b>	CM14-0019218		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 licensed in Chiropractic Medicine 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 66 year old male who reported an injury on 04/05/2011 secondary to unknown mechanism of injury. The diagnoses included cervalgia and low back pain. The injured worker was evaluated on 01/27/2014 for reports of neck and back pain, decreased range of motion and spasms. The exam noted limited cervical range of motion and spasm and tenderness along the cervical and lumbar spine. The treatment plan included acupuncture and chiropractic care. The request for authorization dated 02/06/2014 is in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TIMES EIGHT (8) SESSIONS TO THE LOW BACK:** 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 MANUAL THERAPY & MANIPULATION Page(s): 58-60.

**Decision rationale:** The request for chiropractic times eight (8) sessions to the low back is non-certified. The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8

weeks. There is no evidence of exhaustion of conservative measures such as NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and physical therapy in the documentation provided. The request also exceeds the total number of sessions allowed in the trial phase of therapy. In addition, the injured worker's range of motion was not quantified to establish significant functional deficits to warrant therapy at this time. Therefore, based on the documentation provided, the request for eight (8) chiropractic sessions to the low back is not medically necessary and appropriate.