

<b>Case Number:</b>	CM14-0124692		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 a licensed Chiropractor 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, the injured worker is a 57 year old male with chronic low back pain, date of injury 10/23/2012. Previous treatments include medications, physical therapy, TENS unit, injections and modified work duties. There is no medical records pertain to this request for chiropractic physiotherapy. The most recent progress report is from 04/14/2014 by the treating doctor revealed chronic neck, mid back and low back pain. There are no acute changes to his pain condition and he continues to have neck and back pain that his worse with activity. Objective findings noted that the pateitn is well-developed, well-nourished, and in no cardiorespiratory distress. Patient's gait was grossly normal and non-antalgic. Diagnoses included lumbar disc displacement without myelopathy, sprains/strains of neck, sprains/strains thoracic region and degeneration lumbar disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Chronic Pain>, page(s) <98-99>Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling

and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, ROM, and can alleviate discomfort. Chronic Pain page 58-59. Recommended 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/flares-up - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life Page(s): 98-99.

**Decision rationale:** The available medical records show no evidence of objective functional improvement with previous physical therapy treatments. The current request for chiropractic physiotherapy did not specify which type of therapy would be utilized. While the California MTUS guidelines may recommend a trial of 6 chiropractic manipulation over 2 weeks with evidence of objective functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities, there is no records of exercise programs or active therapy provided for this patient. Therefore, the request for chiropractic physiotherapy is not medically necessary.