

<b>Case Number:</b>	CM14-0133464		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

The injured worker is a 44-year-old male who was injured on 06/19/2013, he was going down, stairs carrying a baby, and he took a long step and twisted and hurt his back. On 01/22/2014, the patient was seen in initial medical consultation with complaints of 6/10 low back and leg pain. The patient reported having attended 12 sessions of physical therapy and 6 sessions of chiropractic care, with some benefit from treatment, however he continued with pain. Following examination the patient was diagnosed with low back pain, lumbar strain, sacroiliac joint pain and radicular pain. The treatment plan included the request for 6 sessions of chiropractic care since he only had 6 sessions in the past. The chiropractor's PR-2 of 04/17/2014 reports patient complaints of constant moderate bilateral low back pain and stiffness radiating into the left hip area, 4-5/10. Objectives were noted as lumbar spine ROM decreased - flexion worse, positive MRI findings, and SI joint hypomobile. Diagnoses were numerically reported as 722.52, 724.8, 847.2, 728.85, and 719.5. The chiropractor requested authorization for 6 visits, noting the patient was sleeping better and able to be more active with kids than before treatment. On 04/23/2014, the patient reported in medical follow-up a decrease in low back pain and radiculopathy after having 6 sessions of chiropractic care. The chiropractor's PR-2 of 06/19/2014 reports patient complaints of frequent moderate bilateral low back pain and stiffness radiating into the left hip area, pain scale 4/10. Objective findings were noted as L1-L5 lumbar paraspinals tight and tender and SI joints fixed hypomobile. Diagnoses were unchanged those reported on 04/17/2014. The chiropractor requested authorization for 6 chiropractic visits. In medical follow-up on 06/26/2014, the physician reported the patient was seen regarding low back radiculopathy and the physician requested authorization for 6 additional sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment x 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Chiropractic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58-60..

**Decision rationale:** The request for 6 additional chiropractic visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient has treated with numerous chiropractic visits, per documentation at least 12 sessions. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported. The request for 6 additional chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.