

<b>Case Number:</b>	CM14-0136753		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/29/1997
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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, has a subspecialty in Acupuncture 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 63 year old male who reported low back pain from injury sustained on 07/29/97. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with degeneration of lumbar or lumbosacral; lumbar radiculopathy syndrome; and lumbar sprain/strain and spinal enthesopathy. Patient has been treated with home exercise, chiropractic and physical therapy. Per medical notes dated 06/18/14, patient states he was feeling better after the last treatment session until in the past week his previous symptoms started to return which he relates to going back to the gym. Per medical notes dated 07/17/14, patient complains of low back pain after walking the first mile. He has pain in left sacroiliac articulation rated at 3/10, low back pain 5/10 and left mid back 1/10. Examination revealed decreased range of motion with pain, noted spasm, trigger points and tenderness of the lumbar spine area. Per utilization review patient has had 24 chiropractic treatments. Provider is requesting additional 1 x 3 treatments for the lumbar spine which exceed the quantity supported by sited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1x week x 3 weeks for Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s) : , page(s) 58-59.

**Decision rationale:** MTUS Chronic Pain medical treatment guideline, Manual therapy and Manipulation, page 58-59 recommended manual therapy 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 objectively measurable gain in functional improvements 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 is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if return to worker is achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines are time of procedure effect: 4-6 treatments; frequency 1-2 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; and maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated; however, care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any significant functional improvement with prior care. Per medical notes dated 06/18/14, patient states he was feeling better after the last treatment session until in the past week his previous symptoms started to return which he relates to going back to the gym. Per utilization review patient has had 24 chiropractic treatments. Provider is requesting additional 1 x 3 treatments for the lumbar spine which exceed the quantity supported by sited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 1 x 3 chiropractic visits is not medically necessary. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any significant functional improvement with prior care. Per medical notes dated 06/18/14, patient states he was feeling better after the last treatment session until in the past week his previous symptoms started to return which he relates to going back to the gym. Per utilization review patient has had 24 chiropractic treatments. Provider is requesting additional 1 x 3 treatments for the lumbar spine which exceed the quantity supported by sited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 1 x 3 chiropractic visits is not medically necessary.