

<b>Case Number:</b>	CM14-0138694		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/08/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 patient is a 48-year-old male born on [REDACTED] with the reported date of injury on 09/08/2005. No historical information was provided for this review. In 2013, the patient treated on 15 occasions with chiropractic care. Submitted chiropractic records report the patient presented for care on 04/28/2014, reporting a flare-up of lower back pain. The pain level was rated 8/10 and was constant. By examination, there were positive adhesions in the lumbar region, grade 3 lumbar hypertonicity, grade 2 thoracic hypertonicity, lumbar muscle spasms, grade 1 tenderness in the thoracic spine and grade 3 tenderness in the lumbar region, + lumbar and thoracic trigger points; and lumbopelvic range of motion noted as: flexion 55/90, extension 15/30, right lateral flexion 15/30, and no degrees of motion reported for left lateral flexion. Diagnoses were noted as thoracic segmental dysfunction, lumbosacral disc degeneration, lumbar segmental dysfunction, sacral region segmental dysfunction, and unspecified fasciitis. The treatment plan included spinal manipulation at a frequency of 3-4 times per week for the next week or two. The patient treated with chiropractic care on 11 occasions from 04/28/2014 through 05/16/2014. On 05/16/2014, examination findings were noted as positive adhesions in the lumbar region, grade 1 lumbar hypertonicity, grade 1 thoracic hypertonicity, grade 1 tenderness in the thoracic and lumbar regions, lumbar region trigger points, and lumbopelvic range of motion noted as: flexion 55/90, extension 15/30, right lateral flexion 15/30, and no degrees of motion reported for left lateral flexion. Diagnoses were noted as thoracic segmental dysfunction, lumbosacral disc degeneration, lumbar segmental dysfunction, sacral region segmental dysfunction, and unspecified fasciitis. The treatment plan included spinal manipulation at a frequency of 3-4 times per week for the next week or two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Chiropractic Therapy Sessions for the Thoracic and Lumbar Spine: Upheld**

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

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

**Decision rationale:** 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. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. 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. Prior to returning for chiropractic care on 04/28/2014, the patient had treated on 15 occasions with chiropractic care in 2013. 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 comparative measured 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 9 chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.