

<b>Case Number:</b>	CM14-0140837		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine & Rehabilitation 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 58-year-old male who reported injury on 12/22/2010. The mechanism of injury was not provided. The injured worker's diagnoses included lumbosacral radiculopathy and thoracic pain. The injured worker's past treatments included medications. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 06/19/2014, the injured worker complained of lumbar spine pain. The injured worker had spasms and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, decreased sensation in the S1 dermatomal distributions bilaterally. The injured worker's medications were not provided. The request was for chiropractic therapy 3 times a week for 4 weeks to the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 3 times weekly for 4 weeks to the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , CHIROPRACTIC THERAPY, Page(s): , page(s) 58-60..

**Decision rationale:** The request for chiropractic therapy 3 times weekly for 4 weeks to the lumbar spine is not medically necessary. The injured worker is diagnosed with lumbosacral radiculopathy and thoracic pain. The injured worker complained of lumbar sprain pain. The California MTUS Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in treatment of musculoskeletal pain. The intended goal of effect of manual medicine is the achievement of positive symptomatic of objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Guidelines recommend therapeutic care trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The request is for 12 visits, which exceeds the guidelines recommendation of a trial of 6 visits. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates significant objective functional deficits to warrant chiropractic therapy. As such, the request for chiropractic therapy 3 times weekly for 4 weeks to the lumbar spine is not medically necessary.