

<b>Case Number:</b>	CM14-0158433		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/22/2001
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, this is a 58 year old male with chronic low back pain, with date of injury of 02/22/2001. Previous treatments include chiropractic, medications, home exercises. A progress report dated 07/31/2014 by the treating doctor revealed patient remains symptomatic with the pain unchanged. Physical exam noted lumbar tenderness with decreased ROM secondary to pain, positive SLR. Diagnoses include lumbar spine sp/st, lumbar discopathy L4-5 and L5-S1. The patient is noted to be permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight Chiropractic visits (over 1 month) for lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain page 58-59. Recommended for chronic pain.

**Decision rationale:** 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. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments b. 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 58-59. The claimant presents with ongoing low back pain with date of injury over 13 years old. Progress report dated 02/13/2014 by the treating doctor noted the patient remained stable with medications and limited activities. He has another prescription refilled on 05/08/2014 with no progress report. Progress report dated 07/31/2014 noted the patient remained unchanged in his symptom. The patient is permanent and stationary with no current active therapeutic exercise program, no further functional improvement is expected and no recent flare-up. Therefore, the request for 8 chiropractic visits is not medically necessary.