

<b>Case Number:</b>	CM14-0168972		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 licensed 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 39 year old male who reported low back pain from injury sustained on 08/30/13 due to cumulative trauma. MRI of the lumbar spine revealed diffuse discogenic disease at L4-5 and L5-S1. Patient is diagnosed with spinal/lumbar degenerative disc disease and hand pain. Patient has been treated with medication, physical therapy, epidural injection and Chiropractic. Per medical notes dated 08/08/14, patient has started chiropractic and found it helpful thus far. Per medical notes dated 09/05/14, patient complains of low back pain. Pain with medication is rated at 3/10 and activity level has remained the same. Per medical notes dated 10/3/14, patient complains of low back pain. Pain is rated at 2/10. Quality of sleep is poor. He is not trying any other therapies for pain relief. Patient completed 6 chiropractic sessions, he reports 2 days of pain relief after each visit. Patient reports reduced flare up of low back pain and 30% overall reduction in pain level. The request is for 13 Chiropractic sessions which were modified to 6 by the utilization reviewer. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**13 Chiropractic sessions between 8/6/2014 and 10/1/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation Page 58-59: "Recommended 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 measureable 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 and/or maintenance care is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) 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. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. 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 functional improvement with prior care. Provider requested 13 Chiropractic visits which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity supported by cited 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. 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, 13 Chiropractic visits are not medically necessary.