

<b>Case Number:</b>	CM14-0172183		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/25/2001
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 and 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 72 year old male with a date of injury on 8/25/2001. As of 08/06/14, he complained of his low back pain and neck pain with headaches. He rated the pain at 4-5/10. On 09/04/14, he complained of his left lower back pain extending into the left buttock related to his lumbar disc injury. He rated the pain at 7/10 on the visual analog scale (VAS) scale. His range of motion was decreased in all areas. On exam, the JAMAR grip dynamometer strength readings revealed 48/50/52 kg on the right and 48/46/46 kg on the left. Tenderness was noted in the cervical paraspinals and trapezii. Tenderness was noted in the right lower lumbar spine. He is allergic to aspirin. Current medications include Tylenol with Codeine #3, Ambien, Soma, and Vicodin. Diagnoses include headaches, strain/sprain, cervical spine, superimposed upon disc bulging and degenerative changes, and strain/sprain, lumbar spine with spondylolisthesis and spondylosis and probable disc bulging. (Surgical history, Diagnostic studies and other therapies were not documented in the clinical records submitted with this request). The request for chiropractic sessions and therapeutic modalities two times per week for three weeks (lumbar/cervical) was denied on 09/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions and therapeutic modalities two times per week for three weeks (lumbar/cervical): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, chiropractic treatment may be appropriate for treatment of chronic pain injured workers, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. In this case, the injury is old and there is limited clinical information as to any prior history of physical or chiropractic treatments. Furthermore, the injured worker has had two chiropractic treatments without benefit, according to progress note dated 12/18/13. There is no documentation of any new injuries to warrant additional therapies. The request for chiropractic treatments and modalities are not supported by the submitted clinical information; thus, the requested services are not medically necessary.