

<b>Case Number:</b>	CM14-0177608		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/08/1985
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 licensed in Chiropractic Care 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 claimant is a 63-year-old male who was involved in a work injury on 1/8/1985 in which he injured his lower back. The injury was described as a 30 foot fall that "resulted in surgical fusion of his cervical spine. The claimant was also noted to have lower back pain. It appears that the claimant has treated with [REDACTED], for exacerbations of his chronic lower back complaints. On 10/3/2014 the claimant was reevaluated. The report indicated that the claimant "was last treated in our office on 6 treatment dates between 3/13/2013 and 5/29/2013. He presented in our office on 10/1/2014 requesting further treatment of his lower back related injury. He stated that since Saturday, 9/27/2014 he has been experiencing moderate to severe pain and muscular aching and stiffness of his entire lumbosacral spine and associated paravertebral musculature." Pain levels were noted to be 7-8/10 on the visual analogue scale. The claimant was diagnosed with residual flare-up of chronic lumbar spinal injury. The recommendation was for treatment at 2 times per week for 4 weeks. This was modified by peer review to certify 4 treatments. The peer reviewer indicated that "the patient has had great success with prior chiropractic treatment for his condition. The patient is experiencing a flare-up in his low-back."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation section Page(s): 58.

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." A modification of the request to certify 6 treatments would have been appropriate. However, the previous reviewer chose to modify the request to 4 visits. The rationale for choosing this number was not provided. Given the claimant's presenting complaints and previous treatment history a course of chiropractic treatment can be considered appropriate. However, the requested 8 treatments exceed MTUS guidelines and are not medically necessary.