

<b>Case Number:</b>	CM14-0183040		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 and 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 30 year old male who reported low back pain from an injury sustained on 10/22/12. The patient was lifting materials with the assistance of a coworker when the weight shifted to the patient, resulting in an injury to his low back. MRI of the lumbar spine revealed L4/5 and L5/S1 central disc protrusion effacing the thecal sac and bilateral transiting nerve root. The patient is diagnosed with sprain of lumbar region; spasm of muscles; lumbosacral neuritis; lumbar/lumbosacral disc degeneration; and degenerative disc disease at L5-S1. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 06/03/14, patient complains of low back pain. He has been having difficulty sitting for prolonged periods of time. He has difficulty sleeping at night due to pain. Per medical notes dated 07/15/14, patient states he has completed chiropractic therapy. He states he continues to have throbbing in his legs. Per medical notes dated 09/02/14, patient completed chiropractic therapy. He continues to have throbbing in his legs. Patient has difficulty sleeping at night due to pain. Medication allows him to have increased function and decrease in pain. Provider requested addition 2x4 chiropractic sessions for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment to the Lumbar Spine 2 Times a Week for 4 Weeks:** Upheld

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

**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 guideline, 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/maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW 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; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 07/15/14, patient states he has completed chiropractic therapy and he continues to have throbbing in his legs. Per medical notes dated 09/02/14, patient completed chiropractic therapy but he continues to have throbbing in his legs. Provider requested additional 2x4 chiropractic sessions for lumbar spine. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x4 chiropractic visits are not medically necessary.