

<b>Case Number:</b>	CM14-0184681		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Texas. 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:

Medical Records reflect the claimant is a 38 year old female who sustained a work injury on 6-7-13. The claimant was placed at MMI on 12-2-13. The claimant has had 6 physical therapy sessions and 2 chiropractic sessions approved to date with reported improvement. Office visit on 8-14-14 notes the claimant has low back pain radiating to the left leg to the calf. She is stating she is not sure if she is pregnant. The claimant reports her pain is 7/10 with medications and 9/10 without medications. Urine Drug Screen from 7-24-14 is negative for all pain medications. Her MRI showed a small disc bulge and should respond to physical therapy or possibly chiropractic care with spinal decompression. The claimant was provided with a refill or medications and requested TENS unit as well as physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Two Times A Week For Four Weeks (2 X 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that chiropractic therapy is 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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. Medical Records reflect this claimant has had chiropractic therapy and physical therapy in the past with reported improvement. However, objective improvement, quantification of improvement, duration of improvement not provided. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program based on the physical therapy/chiropractic therapy she has had. Therefore, the medical necessity of this request is not established. Chiropractic Two Times A Week For Four Weeks (2 X 4) is not medically necessary.