

<b>Case Number:</b>	CM14-0021574		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/09/1995
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, has a subspecialty in Chiropractic Sports Physician 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 57 year old female who injured her low back on 3/9/1995 when she fell at work after losing her balance. She is currently temporary totally disabled. Her diagnosis are: Post revision lumbar fusion at L3-L4 and L4-L5, history of previous lumbar fusion, lumbar discogenic disease, chronic low back pain, bilateral knee DJD and internal derangement and history of multiple abdominal surgeries. Treatment has consisted of medications, pre and post surgical physical therapy and home exercise. On 5/21/2013 the medical doctor report that the injured worker is in bed due to pain, has decreased function and the injured worker requires 24 hour assistance due to her declining health. The treatment requested: hospital bed, reclining chair, raised toilet set, medications, live-in care giver, MRI of the lumbar spine with gadolinium and CT scan of the lumbar spine as well as X-rays. In a 2/18/2014 medical doctor report a lumbar spine X-ray revealed L4-L5 fusion looks solid, L3-L4 does not appear solid. The medical doctor has requested an 18 session course of chiropractic manipulation and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION X 18 SESSIONS:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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 for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The request for 18 chiropractic manipulation sessions does not follow the MTUS Chronic Pain Medical Guidelines, and is therefore denied.