

<b>Case Number:</b>	CM14-0022828		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Chiropractor and Acupuncture 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:

The injured worker is a 55-year-old female with a reported date of injury on 01/19/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with stiffness and pain in the right wrist. The injured worker previously underwent right wrist arthroscopy on 09/18/2013. Upon physical examination the injured worker's right wrist revealed range of motion as dorsiflexion to 58 degrees, volar flexion to 35 degrees, and markedly decreased swelling tenderness. According to the clinical documentation, the injured worker previously completed 10 physical therapy visits. The injured worker's diagnoses included right shoulder arthroscopy and multilevel lumbar disc disease. The injured worker's medication regimen included Norco. The Request for Authorization for chiro for flaring low back pain quantity 12 was submitted on 02/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIRO FOR FLARING LOW BACK PAIN QTY 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation 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 passive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend manual therapy and manipulation for the low back with, trials of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation related the injured worker's functional deficits, to include range of motion values. In addition, the initial request for 12 chiropractic visits exceeds the recommended guidelines. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. Therefore, the request for 12 chiropractor sessions for flaring low back pain is not medically necessary.