

<b>Case Number:</b>	CM14-0024997		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Board Certified 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 65-year-old female with a reported date of injury on 08/01/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain. The clinical note dated 04/08/2014 indicates the injured worker was working full time with restrictions. On physical examination, the injured worker's lumbar spine presented with tenderness at the lumbar facets adjacent to L3-4, L4-5, and L5-S1. In addition, the physician indicated that the right lower extremity was noted with discomfort in the L5, S1 pattern. The conservative care included physical therapy and chiropractic care, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included lumbar disc degeneration, lumbar disc displacement, lumbar facet arthropathy, lumbar spinal stenosis, sacroiliac joint arthropathy, and lumbar radiculopathy. The injured worker's medication regimen included Norco. The request for authorization for a referral for Referral for four (4) fo;low up office visits with [REDACTED] one time a week for one month per 1/20/14, Qty: 4:00 was submitted on 02/27/2014. The chiropractor indicated that the need for authorization for four office visits was to increase function, promotion of healing, and to reduce pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for four (4) follow up office visits with [REDACTED], one time a week for one month per 1/20/14, Qty: 4:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 106, 111, & 115, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chiropractic 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. In addition, the MTUS guidelines state that low back manual therapy and manipulation is recommended as an option. Therapeutic care would include the trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over six to eight weeks. Elective/maintenance care is not medically necessary. According to the clinical information provided for review, the injured worker has previously attended chiropractic care. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to the functional and therapeutic benefit related to the previous conservative care. In addition, the clinical information indicates the injured worker has returned to work full time with restrictions. The MTUS guidelines do not recommend elective or maintenance care. Therefore, the request for Referral for four (4) follow up office visits with [REDACTED], one time a week for one month per 1/20/14, Qty: 4:00, is non-certified.