

<b>Case Number:</b>	CM14-0025754		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/24/2000
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 Chiropractic 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 54-year-old male with a reported date of injury on 8/24/00. The mechanism of injury was lifting a tongue of a trailer; he experienced a sudden strain to his low back. His diagnoses were noted to include lumbar sprain/strain, back symptoms, and chronic pain due to trauma. His previous treatments were noted to include chiropractic care, ice, lifestyle modification, home exercises, and medications. The progress note dated 2/7/14 reported that the injured worker complained of a flare-up from vacuuming and carrying the vacuum cleaner up and down the stairs. He presented with constant, slight to moderate lumbar pain. The injured worker's activities were hindered and he avoided bending forward, bending backward, sitting, walking, lifting, yard work, pulling, and pushing. The injured worker complained of pain; symptom frequency was 85% of the day, and the pain was rated at 7/10. The physical examination revealed lumbar range of motion to flexion was 70/90 degrees, extension was 15/30 degrees, left lateral flexion was 10/20 degrees, right lateral flexion was 5/20 degrees, left lateral rotation was 10/30, and right lateral rotation was 30/30 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker has received previous physical therapy treatments. The California Chronic Pain Medical Treatment Guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely in treatment of musculoskeletal pain. The intended goal of effective 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 or return to productive activities. The guidelines recommend a trial of 6 sessions over 2 weeks for the low back; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be recommended. The guidelines also state that in the case of recurrences/flare-ups, a physician would need to re-evaluate success. If return to work is achieved, then 1 to 2 visits every 4 to 6 months are recommended. There is a lack of documentation regarding measurable functional gains with remaining functional deficits with previous chiropractic care visits. Additionally, there is a lack of documentation regarding number of previous visits. Therefore, due to the lack of quantifiable objective functional improvements with previous chiropractic care visits and number of previous sessions, the request for chiropractic sessions is not warranted at this time. Therefore, the request is not medically necessary.