

<b>Case Number:</b>	CM14-0029342		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/29/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 45 year old male with a work injury dated 12/29/07. The diagnoses include thoracic sprain/strain and low back pain. There is a request for physical therapy 2 x 6, lumbar spine and chiropractic 1-2x per month for 16 visits, lumbar spine. There is a 1/28/14 office visit that states that the patient has mid thoracic and right lumbar back pain that has increased since returning to patrol work. He denies radicular symptomatology or new trauma. His pain has increased the past few weeks. On exam there is tenderness to palpation midline of T8-T9 and overlying the right superior iliac crest. He has a twitch response on palpation. There are no abnormal nerve tension signs. There are no limits in lumbar range of motion. The treatment plan included physical therapy and chiropractic care. The documentation indicates that the patient had prior chiropractic care with 7 visits of chiropractic care with the requesting facility from 03/01/2013 - 03/21/2013. The claimant also had chiropractic treatment at another facility in 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The documentation indicates that the patient has had a flare up of low back pain since starting patrol work. The MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine topic recommends up to 10 visits for this condition. The request exceeds this recommendation of guidelines. Therefore, the request of Physical Therapy 2 times a week for 6 weeks for Lumbar Spine is not medically necessary and appropriate.

**Chiropractic 1-2 visits per month for 16 visits for Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Chiropractic treatment Page(s): 58, 30.

**Decision rationale:** The guidelines state that 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. From documentation submitted it appears patient has had chiropractic care already with no evidence submitted of functional improvement or objective measurable gains in function or achievement of positive symptomatic findings therefore further chiropractic care is not medically necessary and therefore, the request for Chiropractic 1-2 visits per month for 16 visits for Lumbar Spine is not medically necessary and appropriate.