

<b>Case Number:</b>	CM14-0033117		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/31/2004
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Medicine, 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 claimant is a 52-year-old male who was involved in a work injury on March 31, 2014 in which he injured his lower back. Following a failure of conservative treatment to bring about a resolution of his condition the claimant underwent L4-S1 lumbar fusion. The claimant is currently under the care of [REDACTED], for treatment of chronic back pain. On January 14, 2014 the claimant presented to the office of [REDACTED] complaints of increase in lower back pain. The claimant utilized medication with benefit. There was also a request for chiropractic treatment at three times per week for six weeks. This request was denied by peer review on February 16, 2014. The rationale was that there was no "documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits." On February 19, 2014 a QME supplemental evaluation was provided by [REDACTED]. Following a review of additional information [REDACTED] opined that "the patient's condition is permanent and stationary with factors of disability as noted in that (initial QME) report. The purpose of this review is to determine the medical necessity for the requested 18 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC PHYSICAL THERAPY FOR LOW BACK AND HARDWARE BLOCKADE THREE TIMES WEEKLY FOR SIX WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 173, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks." The requested eighteen treatments exceed this guideline. The previous denial indicated that there was no evidence of the claimant's response to the previous course of treatment. A review of the medical records provided on the supplemental QME report from [REDACTED] dated February 19, 2014 does not indicate that the claimant ever received chiropractic treatment prior to this request. The request for chiropractic physical therapy for low back and hardware blockade three times weekly for six weeks is not medically necessary or appropriate.