

<b>Case Number:</b>	CM14-0036115		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Board Certified in Family Practice 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 injured worker is a 35 year old male claimant sustained a work related injury on 3/27/13 resulting in chronic neck and low back pain. He had a diagnosis of cervicgia and L4-L5 disc dessication. An exam note on 3/3/14 indicated the claimant had 2/10 pain (6/10 without) with oral analgesics. He had previously received acupuncture. Exam findings included tenderness in the low back and facet regions with reduced range of motion. His medications were updated and a request was made for 6-8 chiropractic sessions. A subsequent report on June 2014 indicated 6 chiropractic sessions reduced his pain from 10/10 to 4/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two times a week for four weeks for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines 2nd Edition, 2004; Chronic Pain Medical Treatment Guidelines: Manipulation,Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, chiropractic therapy is recommended 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 positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Therapeutic care with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Based on the guidelines, 6 sessions of therapy are appropriate and re-evaluation for further treatments if there was improvement. The request for 8 treatments noted above is not medically necessary. In addition, the claimant had noted adequate pain relief with medications, which had better pain scores, that that after chiropractic therapy was completed.