

<b>Case Number:</b>	CM14-0038409		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Chiropractor 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 41-year-old male who was involved in a work injury on 2/12/2012. According to a qualified medical evaluation report dated 2/7/2014 from [REDACTED], the injury was described as the claimant "was helping unload a bus stop shelter with his co-worker who began lowering his side before he was ready causing the patient to lung forward to grab the bus stop shelter. He felt a pop in his lower back and stopped what he was doing." The claimant attempted home care measures. Due to continued complaints the claimant reported his injury on 12/12/2012 and was referred for a course of physical therapy. On 2/26/2013 the claimant was returned to regular duty with no restrictions and continued his home program. In March 2013 the claimant was evaluated by [REDACTED] and was referred for 6 sessions of chiropractic treatment. This reportedly "helped." According to the 2/7/2014 QME the claimant was determined to be at maximum medical improvement. The recommendation was for an MRI. Due to the presence of metal in his body the claimant underwent a CT scan that was performed on 4/4/2014. This revealed a transitional vertebral at the thoracolumbar and lumbosacral junction with degenerative changes and mild disc bulging at 2 levels in the mid to lower lumbosacral spine with no disc protrusions or extrusions. According to [REDACTED] the "CT scan does not show anything of significance and the patient can be considered permanent and stationary. He will need access to occasional future medical care for documenting exacerbations." Under the future medical care paragraph [REDACTED] indicated that the claimant should have access to "oral medications, physical therapy, massage therapy, and acupuncture and/or chiropractic care and further diagnostic testing." On 2/24/2014 claimant was reevaluated by [REDACTED] for complaints of lower back pain. The report indicated that "the patient is also completed 6 more chiro/massage visits, with continued excellent benefit from them. It has now been a couple of weeks since he had these treatments. The recommendation was for 6 additional chiropractic treatments. This

request was denied by peer review. The rationale was that the request is not consistent with MTUS and the claimant noticed no long-term benefit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiro /Massage (x6):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant completed 6 treatments with overall improvement. The 2/24/2014 progress report indicated that the claimant completed 6 treatments "with continued excellent benefit from them." Given the functional improvement noted as a result of the 6 treatments, MTUS guidelines would support the requested 6 additional treatments to address exacerbation. Prior to this the claimant was seen in August 2013. Moreover, the QME that was performed on 2/7/2014 recommended the possibility for future treatment for exacerbations. Therefore, the medical necessity for the requested 6 treatments was established.