

<b>Case Number:</b>	CM14-0044256		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/02/1999
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 59-year-old male who reported an injury on 06/02/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 02/19/2014 indicated diagnoses of lumbar disc displacement without myelopathy, degeneration of the lumbar disc, depression with anxiety, unspecified major depression and recurrent episode. The injured worker reported lower back pain, left more than right, which radiated into the buttocks and thighs. The injured worker reported he could not sleep at night. The injured worker reported he did not like taking medications for his pain. The injured worker reported his pain had increased. He reported he took gabapentin throughout the day and took 2 tablets daily. The injured worker reported he took medication every day but would sometimes take more than this due to his pain. The injured worker reported he continued to use Norco from an old prescription and Tylenol #3 for pain relief. The injured worker reported he was not interested in injections and stated they are only pacifiers. The injured worker reported he had tried aquatic therapy in the past and recalled pain relief. The injured worker reported he never tried chiropractic therapy. The injured worker reported he continued a home exercise program. The unofficial MRI dated 02/06/2014 revealed new intense type 1 narrow endplate changes seen at the level which was not present on the prior study. The injured worker's prior treatments included diagnostic imaging, surgery, therapy, and medication management. The provider submitted a request for chiropractic therapy for the lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1xwk x 12wks for the Lumbar Spine (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines recommend manual therapy 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. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional abilities, decreased range of motion, and decreased strength or flexibility. Therefore, Chiropractic therapy for the Lumbar Spine (12) is not medically necessary.