

<b>Case Number:</b>	CM14-0049801		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/12/2000
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 59-year-old male who was injured on March 10, 2000. The patient continued to experience pain in his low back. Physical examination was notable for 4/5 motor strength in left lower extremity, decreased range of motion of the lumbar spine, point tenderness at the paralumbar facet capsule, and intact sensation. Diagnoses included lumbar discopathy, degenerative disc disease, and facet syndrome. Treatment included home exercise program, medications, and chiropractic therapy. Requests for authorization for fitted back brace and chiropractic visits for the lumbar spine #10 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FITTED BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** Back brace is a device for lumbar support. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques

and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. The request is not medically necessary.

**CHIROPRACTIC 10 SESSIONS, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** Manual therapy and evaluation are 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. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient had received treatment with chiropractic therapy 10 months prior to this request. Because the patient had not received chiropractic therapy for 10 months, this is a new course of therapy. There should be a clinical trial of six visits to determine if there is functional improvement. The requested 10 visits surpass the 4-6 treatments to produce effect. The request is not medically necessary.