

<b>Case Number:</b>	CM14-0054351		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 licensed 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 34-year-old male who reported an injury after lifting a waste container on 05/20/2013. The clinical note dated 03/14/2014 indicated the diagnoses of myofascial sprain and strain of the lumbosacral spine, degenerative disc disease of the lumbosacral spine, facet arthropathy and pain with protrusion of L5-S1, and lumbar radiculopathy. The injured worker reported pain in the lower back that radiated to the left lower extremity. The injured worker described his muscle pain as cramping, pins and needles, numbness, stiffness, and burning. The injured worker has had physical therapy, chiropractic therapy, and acupuncture and reported they did not help. The injured worker rated his pain 8/10. The injured worker reported pain without medication was 10 and with medication was around 8. The injured worker reported 80% of pain was in the back and 20% was in the leg. The injured worker reported increased pain with bending forward, backward, sitting, standing, walking, stairs, exercises, coughing, straining, bowel movement, lying down, pushing, shopping, and sexual relation. On physical examination of the lumbosacral spine, there was tenderness in the lumbosacral spine from L4 to S1 with minimal stiffness. Range of motion of the lumbosacral spine was painful, but within normal limits. The motor strength was intact; sensation was intact. The injured worker's prior treatments included diagnostic imaging, physical therapy, acupuncture, chiropractic therapy, and medication management. The injured worker's medication regimen included hydrocodone and amitriptyline. The provider submitted request for additional chiropractic treatment times six (6) for low back pain. The request for authorization dated 03/14/2014, was submitted for chiropractic treatment; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional chiropractic treatments for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The Chronic Pain 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. The injured worker continued to report severe pain. The prior course of chiropractic treatment failed to bring improvement to the injured worker. Furthermore, the injured worker's examination of the lumbosacral spine range of motion was within normal limits. The injured worker's motor strength was normal, sensation was intact, and deep tendon reflexes were intact. Based on these findings, the request for chiropractic treatment is not medically necessary.