

<b>Case Number:</b>	CM14-0057782		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Chiropractic, 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:

According to the available medical records, this is a 31 year old male patient with chronic neck and back pain, date of injury 4/20/2009 to 6/20/2012. Previous treatments include medications, injections, massage, physiotherapy, chiropractic, physical therapy, psychological counseling and TENS unit. Exam report dated 04/02/2014 by the requesting doctor revealed forwards antalgic posture, moderate spasms over the lower lumbar and mid thoracics, positive Ely's Sign bilaterally, positive Bragard's sign, positive Kemp's test on the left, positive leg-lowering test, point tenderness over L3-5, left SI, T6-8, vertebral spasm at L3-5, T8-10, C5-7, Lumbar ROM: flexion 30/60, extension 10/25, lateral flexion 15/25 bilaterally. Diagnoses include lumbar sp/st, thoracic spine pain and cervicgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 12 sessions (low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual Therapy & manipulation. Decision based on Non-MTUS Citation ACOEM Chiropractic : table 12-5 & 12-8 REV 2007 Official Disability Guidelines: Chiropractic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. 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. Low back: 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. Elective/maintenance care - Not medically necessary. Recurrences/flares-up - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines<sup>a</sup>. Time to produce effect: 4 to 6 treatments<sup>b</sup>. Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life.

**Decision rationale:** CA MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks, with evidence of functional improvement. Without improvement in functions, the request for 12 chiropractic treatments exceeded the guideline recommendation and therefore, not medically necessary.