

<b>Case Number:</b>	CM14-0061519		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Chiropractic 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:

Upon review of the medical records provided, the applicant is a 31 year old male who sustained an industrial injury to the lower back on June 7, 2013. The applicant was pulling a table that weighed 50 lbs when he felt immediate onset of lower back pain. Thus far, the applicant has treated with medications, physical therapy, acupuncture treatment, chiropractic manipulation and transcutaneous electrical nerve stimulation (TENS). The most current medical records dated 3/6/14 and 3/4/14 indicate the applicant was evaluated at a new facility consisting of an orthopedic evaluation and a chiropractic evaluation. Upon review of initial report dated 3/14/14 by the treating chiropractor, there were complaints of moderate dull achy low back pain, stiffness and cramping. The findings revealed tenderness to the paraspinal muscles and bilateral sacroiliac joints as well as muscle spasm. Ranges of motion including lumbar flexion, extension, and right and left lateral bending were all indicated as being decreased. A diagnosis was given as lumbar sprain/strain, myospasm, and ruling out disc protrusion. The applicant is not working. At this time there was a request for chiropractic treatment at a rate of 2-3 times per week for six weeks. The applicant initially underwent 18 physical therapy visits which were not helpful with his symptomology. He was also given home exercises. The MRI imaging of lumbar spine dated June 25, 2013 revealed L4-5 and L5-S1 2-3mm disc bulges. In a utilization review determination letter dated 4/9/14, the claims administrator denied a request for chiropractic treatment 2-3 times per week for six weeks. The reviewer indicated that prior chiropractic treatment was not effective. The secondary chiropractor did not comment on prior chiropractic treatment received by the applicant. There was comment only with regards to prior physical therapy treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2-3 weeks for lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): page(s) 58-60.

**Decision rationale:** Upon review of the medical report dated 10/9/13 the applicant did in fact received prior low back adjustments. There was no specific number of treatment visits rendered. The applicant then received 18 sessions of physical therapy treatment which were not helpful with his symptomology. The applicant was then evaluated by a secondary treating chiropractor on 3/14/14 and presented with continued subjective complaints of low back pain and stiffness. The second treating chiropractor did not document the applicant's response to prior chiropractic treatment; only prior physical therapy treatment was not helpful. The most current records indicated that the applicant was not working. At this time there was a request for chiropractic treatment at a rate of 2-3 times per week for six weeks. The MTUS Chronic Pain Chiropractic guidelines indicate that manual therapy and manipulation for low back is recommended with evidence of functional improvement as well as a successful return to work. The chiropractic report dated 3/14/14 indicated the applicant was not working. The medical records reviewed do not indicate any specific documented functional improvement from chiropractic manipulation. There was no indication of any exacerbations/flair ups or re-injuries noted. Therefore, the Chiropractic treatment 2-3 weeks for the lumbar spine is not medically necessary.