

<b>Case Number:</b>	CM14-0073788		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 a licensed Chiropractor 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:

The patient is a 44-year-old female with a date of birth of 10/05/1969. While working as a housekeeper, on 09/15/2013, she reports cleaning the bathroom on her hands and knees and while getting up from the floor she felt a pop over the right lower back with immediate pain. On 04/21/2014 she presented for initial pain management evaluation. She reported constant continued moderately severe low back pain. Her pain was increased with bending, stooping and lifting, and improved with relaxation and rest. Pain stopped her from work. By 04/21/2014, she had treated with chiropractic care on 8-10 sessions without relief. She reported no relief with exercise, TENS, heat, ice, or chiropractic. Following examination on 04/21/2014 she was diagnosed with lumbar radiculopathy and reactive sleep disturbance. The medical provider recommended 8 sessions of acupuncture and chiropractic for the lumbar spine. She was seen in medical follow-up on 05/02/2014 with lower back pain rated 8/10. The patient was Temporarily Totally Disabled, and there was a recommendation for 8 sessions of chiropractic treatment for the lumbar spine. In medical follow-up on 05/16/2014, there was another recommendation for 8 sessions of chiropractic treatment for the lumbar spine. In medical follow-up on 06/13/2014 she reported lower back pain 7/10. Examination findings on 06/13/2014 included: lumbar flexion limited to 30 and extension limited to 5, lumbar paravertebral muscle tenderness on palpation on the right side, spinous process tenderness on L4 and L5, SLR positive on the right side at 90 in sitting position, knee flexor motor strength 3/5 on right and 5/5 on left, knee extensor motor strength 4/5 on right and 5/5 on left, and light touch sensation decreased over right medial and lateral calf. She was diagnosed with thoracic or lumbosacral neuritis or radiculitis not otherwise specified (724.4), lumbago (724.2), and sleep disturbance not otherwise specified (780.50). She remained Temporarily Totally Disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of low back chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Based on the medical records provided, as of 04/21/2014, the patient was treated with chiropractic care on 8-10 sessions without relief. She reported on 04/21/2014 no relief with exercise, TENS, heat, ice, or chiropractic. The submitted documentation does not provide evidence of objective functional improvement with care during a 6-visit chiropractic treatment trial, and there is no evidence of a recurrence/flare-up. Therefore, the request for additional chiropractic manipulation is not supported be medically necessary and appropriate.