

<b>Case Number:</b>	CM14-0076554		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 50-year-old female who reported an injury on 05/29/2011. The mechanism of injury was not provided within the review. Her diagnosis was noted to be disc herniation without myelopathy, lumbar spine. Diagnostic tests were noted to be an MRI of the lumbar spine. An evaluation on 01/13/2014 noted the injured worker with subjective complaints of pain, tenderness, limitation of motion and weakness in the thoracic and lumbar spine. A page of the objective findings is missing within this review. A neurologic examination of the lower extremities is documented with patchy, decreased sensation bilaterally in the lower extremities, most notably in the L5 distribution. The treatment recommended was physical therapy and medications. The rationale for the request is not noted within the evaluation. A Request for Authorization form was not included within the documentation provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of chiropractic treatment (2 x 6 weeks) to the lumbar spine:** Upheld

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

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

**Decision rationale:** The request for twelve sessions of chiropractic treatment (2 x 6 weeks) to the lumbar is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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 measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The injured worker's clinical evaluation does not indicate efficacy from prior chiropractic care. The request failed to indicate treatment parameters and visits requested. Therefore, the request for twelve sessions of chiropractic treatment (2 x 6 weeks) to the lumbar is not medically necessary.