

<b>Case Number:</b>	CM14-0082238		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year old male was reportedly injured on 3/2/2001. The mechanism of injury is undisclosed. The most recent progress note, dated 5/24/2013, indicated that there were ongoing complaints of low back pain that radiated down to the right lower extremity. The physical examination demonstrated lumbar spine Grade 2 to 3 muscle spasm in the lumbar paraspinal muscles with active trigger points, loss of range of motion was with pain that radiated to the right lower extremity, straight leg raise caused low back pain, and radiating pain into the right foot. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request was made for four chiropractic sessions to include spinal manipulation, electrical stimulation, and massage therapy and was not certified in the preauthorization process on 5/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four chiropractic sessions to include spinal manipulation, electrical stimulation and massage therapy.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of manual therapy and manipulation (chiropractic care) for back pain as an option. A trial of six visits over two weeks with the evidence of objective functional improvement, and a total of up to eighteen visits over sixteen weeks is supported. After review of the available medical records provided, it is noted this request has been partially certified. Therefore, the approval of this request is deemed not medically necessary.