

<b>Case Number:</b>	CM14-0084017		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational Medicine and is licensed to practice in New York, North Carolina. 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:

This employee is a 56 year old sheriff, a patrol officer. He claims injury to the lower back sustained during an altercation with a suspect. He has been diagnosed with L4-L5 and L5-S1 facet arthropathy. He has persistent low back pain, pain over the facets and trouble sitting. He has pain with hyperextension and the discomfort rarely radiates to the posterior thigh. MRI on 11/18/13 showed degenerative changes with central disc protrusion at L4-L5. There are degenerative facet changes. He has had prior low back injuries with PT, and, per his treating physician, is familiar with the exercise program. Physical therapy was previously authorized but he states he did not attend due to his work schedule. [He was on light duty and then out of work. A trial of chiropractic care has been requested, 6 visits. This was denied, partially based on lack of information about whether any chiropractic care had been instituted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the low back, 1 time a week doe 6 week, QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** A trial of chiropractic therapy is a treatment option in this patient. The request for a trial implies that chiropractic treatment has not yet been utilized in this injury. The records indicate that no chiropractic care has been instituted, while awaiting approval. The chronic pain guidelines recommend a trial of 6 chiropractic visit over 2 weeks with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. The guidelines go on to give treatment parameters of 1-2 time per week the first 2 weeks, with treatment continuing at 1 per week for the next 6 weeks. The request is not medically necessary because of the frequency of chiropractic treatments requested - once per week for 6 weeks. The utility of treatment will need to be re-evaluated after 2 weeks to determine whether additional chiropractic care is indicated.