

<b>Case Number:</b>	CM14-0090977		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

54y/o female injured worker with date of injury 2/18/11 with related low back pain. Per progress report dated 5/22/14, the injured worker reported improvement in her low back pain, she rated her pain 3-4/10 down from an initial rating of 8/10. Per physical exam, tenderness to palpation was noted over the cervical and lumbar facet joints with swelling on the left. Numbness persisted in the L4-L5 dermatome and diminished reflexes at the left Achilles and biceps femoris.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of chiropractic care, two times per week for six weeks.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation

**Decision rationale:** With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended 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 measurable gains in functional

improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion."Per the ODG TWC, a trial of 6 visits over 2 weeks is supported, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. The documentation submitted for review indicates that the injured worker has been receiving chiropractic care for the past several years and has exceeded the recommended number of visits. The request is not medically necessary.