

<b>Case Number:</b>	CM14-0098477		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 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 68-year-old female who sustained an industrial injury on 4/1/1998. According to PTP PR-2 dated 10/27/2011, the patient feels about 30% improvements from her initial symptomatology. She continues to suffer but has been able to work with less pain and improve ROM, and been able to sleep deeper into the night. Pain is described as constant +5/7 with activities can increase to +8 with repetitive movement. She has episodic/chronic LBP. Objective findings are limited lumbar ROM, +3/5 iliopsoas and gluteus maximus, dermatomes patent, 1+ right Achilles, palpation II/III L3 through S1 bilaterally, +SLR at 43 degrees, loss of lordosis. Treatment plan is chiropractic/myofascial release/spinal traction 2x3, and will be instructed in home rehabilitation. According to PTP PR-2 dated 4/28/2014, the patient complains her lower back condition has exacerbated and she is experiencing 9/10 pain in the right buttocks, right SI joint to behind the knee. She reports difficulties in sleeping, standing, walking, and going to the toilet produces noticeable pain. Objective findings are decreased lumbar motion, 2+/5 iliopsoas and gluteus maximus strength, patent dermatomes, 1+ right Achilles reflex, palpation III/IV L3 through S1 bilaterally, + SLR at 37 degrees, gait is guarded, slow and protective and she needs assistance from a standing to/from sitting posture. Diagnoses are lumbar post laminectomy syndrome and fibromyalgia. Recommendation is chiropractic/myofacial release and traction 2x3, then reevaluation; will also be instructed in home rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six chiropractic manipulation sessions, myofascial release and spinal traction: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147, 300, Chronic Pain Treatment Guidelines manual therapy and manipulation and massage/myotherapy sections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The California MTUS guidelines recommend Manual therapy & 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 measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. According to the medical records, the patient presented on 4/28/2014 with complaints of exacerbation of her chronic low back complaint. The medical records suggest previous treatment was previously provided in 2011. It is not documented whether the patient obtained objective functional improvement with previous chiropractic. However, based on the presenting complaints and objective findings of exacerbation, and apparent long-absence from care, 1-2 visits, in accordance with the guidelines, is supported. The medical records establish the medical necessity for 2 sessions of chiropractic care and instruction in a HEP. Therefore, the request is not medically necessary.