

<b>Case Number:</b>	CM13-0031893		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/07/1997
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 72 year old male, who sustained a work related injury on 1/7/97. The diagnoses have included low back injury, multilevel degenerative disc disease and lumbosacral radiculitis. Treatments to date have included 17 prior chiropractic treatments, last treatment done 9/13/12 (noted in Utilization Review letter), rest and home exercises. In the PR-2 dated 9/16/13, the injured worker complains of an increase in low back pain with stiffness. He rates the pain a 4/10. He has increased tonicity in lower back. On 9/24/13, Utilization Review modified a request for manipulation/lumbar flexion traction/supportive physiotherapy 16 visits, 2x/week for 8 weeks to manipulation/lumbar flexion traction/supportive physiotherapy 6 visits, 2x/week for 3 weeks. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MANIPULATION/LUMBAR FLEXION TRACTION/SUPPORTIVE PHYSIOTHERAPY 16 VISITS, 2 X WEEK FOR 8 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Per the MTUS, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions, 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 patients therapeutic exercise program and return to productive activities. Per the MTUS, for the low back therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, for recurrences or flare up, need to re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months. Time to produce effect 4-6 treatments. A review of the injured workers medical records show that he has already had up to 17 prior chiropractic treatments last treatment done 9/13/12 and the injured worker appears to be having a flare up. The guidelines only support 1-2 visits every 4-6 months for recurrences or flare ups and therefore based of the injured workers clinical presentation and the guidelines the request for manipulation/lumbar flexion traction/supportive physiotherapy 16 visits, 2 times a week for 8 weeks is not medically necessary.