

<b>Case Number:</b>	CM14-0212355		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on May 24, 2013. He reported an injury to his lumbar spine. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and lumbar disc displacement. Treatment to date has included diagnostic studies, physical therapy, injection, chiropractic treatment and medication. On November 19, 2014, the injured worker complained of low back pain rated as an 8 on a 1-10 pain scale. He stated that when utilizing his Norco medication, his pain levels decrease to a 5-6 /10 on the pain scale. The medication allows him to undergo his activities of daily living with improvement. The treatment plan included a follow-up visit, medications, laboratory evaluation and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of Chiropractic with manipulation 3x for 4weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The claimant sustained a work injury nearly two years ago and continues to be treated for chronic back pain. Prior treatments have included chiropractic care and physical therapy. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

**Twelve sessions of Physiotherapy with manipulation 3x for 4weeks for lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury nearly two years ago and continues to be treated for chronic back pain. Prior treatments have included chiropractic care and physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.