

<b>Case Number:</b>	CM13-0065407		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	12/25/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 10/26/11 date of injury. At the time (11/18/13) of request for authorization for chiropractic care with myofascial release to low back, there is documentation of subjective (low back pain) and objective (L4-5 facet tenderness with decreased range of motion) findings, current diagnoses (lumbago, myofascial pain syndrome, and lumbar facet mediated pain), and treatment to date (previous chiropractic treatment and medications). Medical report identifies that previous chiropractic treatments helped decrease pain; and a request for 6 additional chiropractic treatments. The number of previous chiropractic treatments cannot be determined. In addition, there is no documentation of objective improvement with previous treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care with myofascial release to low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-29, Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbago, myofascial pain syndrome, and lumbar facet mediated pain. In addition, there is documentation of previous chiropractic treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous chiropractic treatments, to determine if guidelines has already exceeded or will exceed with the additional request. In addition, despite documentation that previous chiropractic treatments helped decrease pain, there is no (clear) documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for chiropractic care with myofascial release to low back is not medically necessary.