

<b>Case Number:</b>	CM14-0133688		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & 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 59 years old male with an injury date on 12/18/2008. Based on the 07/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Long term (current) use of other medications. 2. Lumbar spondylosis. 3. Low back syndrome. According to this report, the patient complains of low back pain right side greater than left with a "07/25/2016 -flareup." Heat, ice and medications alleviate the pain. Bending, twisting, lifting, pushing, pulling or other activities of comparable physical effort, prolonged postures including but not limited to sitting and/or standing would aggravates the pain. Numbness and tingling was noted over the right lower extremity down to the knee. Pain is as a 5-6/10, with episodes of 8/10. Palpation of the thoracolumbar and lumbosacral musculature reveals moderate tenderness. There was muscle guarding and/or active trigger point's +3 to+4 in nature in the surrounding musculature was noted. Seated straight leg raise and axial compression test were positive. Lumbar range of motion was moderately-severely limited with pain. There were no other significant findings noted on this report. The utilization review denied the request on 08/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/06/2014 to 02/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/Physiotherapy Therapy 2x3 Sessions Lumbar Spine:** Overturned

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

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

**Decision rationale:** According to the 07/29/2014 report by [REDACTED] this patient presents with low back pain, right side greater than left with a "07/25/2016-flareup." The treater is requesting "chiropractic and physiotherapy type care for this most recent flare up at the frequency of 2 times a week for 3 weeks." The utilization review denial letter states "there is no evidence or objective functional improvements from the prior chiropractic treatments provided to date," and "there no evidence of a recent flare up or exacerbation." Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Review of records show the patient had a "recent flare up" to the low back, a short course of chiropractic/ physiotherapy type care may be reasonable. Given that the patient had a recent flare up, the requested 6 sessions appear reasonable and consistent with the guidelines. The request is medically necessary.