

<b>Case Number:</b>	CM14-0147005		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Nevada. 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 records presented for review indicate that this 63 year-old female was reportedly injured on 5/5/2003. The most recent progress note, dated 8/18/2014, is hand written and indicates that there were ongoing complaints of back pain. Physical examination demonstrated spine: straight; tender paraspinals; ROM consistent with baseline; piriformis stretch reproduces symptoms lumbar spine; negative SLR. No recent diagnostic imaging studies available for review. Diagnosis: L5/S1 disk bulge, chronic back pain and multilevel DDD. Previous treatment includes epidural steroid injections, 8 chiropractic treatments and CMT, TENS unit, and medications. A request had been made for 8 chiropractic visits for back and 8 CMT for back, which was not certified in the utilization review on 9/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Visits for Back Qty. 8:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement and a total of up to 18 visits over 16 weeks is supported. A review of the available medical records documents chronic back pain after a work related injury in 2003; but fails to document any subjective or objective improvement in pain or function with recent treatment which included 8 chiropractic visits and CMT. As such, this request for additional chiropractic treatment is not considered medically necessary.

**CMT for Back Qty. 3:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines support the use of manual therapy and CMT (Chiropractic Manipulative Treatment) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement and a total of up to 18 visits over 16 weeks is supported. A review of the available medical records documents chronic back pain after a work related injury in 2003; but fails to document any subjective or objective improvement in pain or function with recent treatment which included 8 chiropractic visits and CMT. As such, this request for additional CMT is not considered medically necessary.