

<b>Case Number:</b>	CM14-0154964		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, has a subspecialty in Interventional Spine 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 72-year-old male with date of injury of 06/28/2001. According to the progress report 08/07/2014, the patient presents with a flareup of pain in his lower back. He has continued with his self-treatment without improvement. Examination of the lower back revealed left lower back muscle spasms. There is tenderness to palpation over the upper, mid, and lower paravertebral muscles and both sciatic notches. Range of motion is decreased on all planes. There is an increase in pain with lumbar extension. Straight leg raise is positive. The treater is requesting 12 chiropractic visits for the patient's thoracic and lumbar spine. Utilization review denied the request on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE 2 TIMES A WEEK FOR 6 WEEKS FOR THE THORACIC SPINE AND LUMBAR SPINE:** Upheld

**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:** This patient presents with a flareup in his low back pain. The treater is requesting chiropractic care 2 times a week for 6 weeks for the thoracic and lumbar spine. Utilization review denied the request stating "review of claim indicates that the claimant has been approved for 6 chiropractic visits on 08/18/2014." For manual therapy, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, review of the medical file does not indicate that this patient has trialed this modality of treatment yet. Given patient's continued pain, an initial trial of 6 sessions may be indicated, but the treater is requesting for 12 sessions, which exceeds what is recommended by MTUS. Recommendation is for denial.