

<b>Case Number:</b>	CM14-0156524		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Chiropractic and Acupuncture 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 injured worker is a 53 year old male who reported low back, hips and leg pain from injury sustained on 12/15/12 while lifting a steel hub. X-rays of the lumbar spine revealed disc height collapse at L5-S1 and L4-5 with instability. MRI of the lumbar spine revealed multilevel disc protrusions. Patient is diagnosed with lumbago. Patient has been treated with medication and physical therapy. Per medical notes dated 07/23/14, patient complains of low back pain, left leg pain and occasional left knee pain. Pain is described as constant, dull, aching low back pain with intermittent to frequent, sharp flare-ups. Pain is rated at 6/10-10/10. Standing and activity as well as lifting make the pain worse and laying on side with the pillow between his knees makes the pain better. Per medical notes dated 08/11/14, patient complains of low back pain with radiation into lower extremity. Prolonged sitting, standing and walking increases the pain. Pain is characterized as sharp and rated at 7/10. Examination revealed palpable paravertebral muscle tenderness with spasm, flexion and extension is guarded and restricted. Provider requested initial trial of 12 Chiropractic treatments with massage which were modified to 6 chiropractic visits with massage by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment lumbar spine with massage x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline Manual therapy and manipulation Page 58-59. Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Provider requested initial trial of 12 Chiropractic treatments with massage which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 chiropractic visits with massage are not medically necessary.