

<b>Case Number:</b>	CM14-0172992		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Emergency Medicine 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 50-year-old male who reported an injury on 03/27/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included discogenic disorder of the lumbar spine, cephalgia with headaches, thoracic sprain/strain, lumbar sprain/strain, neck pain, lumbar myofascial pain, and sacroiliac sprain/strain. The previous treatments included medication. The diagnostic testing included an EMG/NCV. Within the clinical note dated 10/06/2014, it was reported that the injured worker complained of pain rated 7/10 in severity. The provider noted the injured worker to have tenderness to palpation over the low back. The request was submitted for 12 chiropractic sessions for the lumbar spine, thoracic spine, and a Prolign support. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) chiropractic sessions for the lumbar spine:** 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 Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, at total 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective deficits upon the physical examination to warrant the medical necessity for the request. The number of sessions requested exceeds the guidelines' recommendations of a trial of 6 visits. Therefore, the request is not medically necessary.

**Twelve (12) chiropractic sessions for the thoracic spine:** 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 Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, at total 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective deficits upon the physical examination to warrant the medical necessity for the request. The number of sessions requested exceeds the guidelines' recommendations of a trial of 6 visits. Therefore, the request is not medically necessary.

**Prolign ext back support (large):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. However, it is noted that there is no scientific evidence to support the efficacy of the use of a back brace in the chronic treatment phase of the injured worker's low back pain. There is a lack of significant objective findings to warrant the medical necessity of the request. Additionally, the injured worker is beyond the acute phase of symptom relief. Therefore, the request is not medically necessary.