

<b>Case Number:</b>	CM14-0183047		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

This patient sustained an injury on 5/20/14 while employed by [REDACTED]. Request(s) under consideration include Chiropractic Treatments (back) QTY: 6. Diagnosis include Backache NOS; lumbar DDD/DJD/ radiculitis. Report of 10/29/14 from the provider noted the patient with ongoing low back pain rated at 8/10 without and 6/10 with medications; poor sleep with decreased activity. Exam showed lumbar spine with restricted range in all planes with flex/ext/lateral bending of 70/10/15/20 degrees; hypertonicity, spasm and tenderness on palpation of paravertebral muscles; tight muscle band; positive facet loading; positive SLR; normal motor tone and strength; normal sensation and DTRs in upper and lower extremities. Medications list Skelaxin, Gabapentin, Aspirin, Atorvastatin, Effexor, Ibuprofen, and Temazepam. Treatment included continued chiropractic as it has been helpful; acupuncture, medications, psychology referral. The patient remained not working. The request(s) for Chiropractic Treatments (back) QTY: 6 were non-certified on 10/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments (back) QTY: 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic); Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

**Decision rationale:** This patient sustained an injury on 5/20/14 while employed by [REDACTED]. Request(s) under consideration include Chiropractic Treatments (back) QTY: 6. Diagnosis include Backache NOS; lumbar DDD/DJD/ radiculitis. Report of 10/29/14 from the provider noted the patient with ongoing low back pain rated at 8/10 without and 6/10 with medications; poor sleep with decreased activity. Exam showed lumbar spine with restricted range in all planes with flex/ext/lateral bending of 70/10/15/20 degrees; hypertonicity, spasm and tenderness on palpation of paravertebral muscles; tight muscle band; positive facet loading; positive SLR; normal motor tone and strength; normal sensation and DTRs in upper and lower extremities. Medications list Skelaxin, Gabapentin, Aspirin, Atorvastatin, Effexor, Ibuprofen, and Temazepam. Treatment included continued chiropractic as it has been helpful; acupuncture, medications, psychology referral. The patient remained not working. The request(s) for Chiropractic Treatments (back) QTY: 6 were non-certified on 10/13/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered in terms of decreased medication dosage, decreased medical utilization, increased ADLs, or change in work status. Exam is without neurological deficits identified. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractic Treatments (back) QTY: 6 are not medically necessary and appropriate.