

<b>Case Number:</b>	CM14-0095311		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 a licensed Chiropractor, and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 10/07/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated diagnoses of chronic pain syndrome, unstable; hip pain, chronic, unstable; neuritis, chronic, unstable; lumbar sprain/strain, chronic, unstable; and degenerative joint disease of the knee, chronic, unstable. The injured worker reported left knee, low back, mid pain, bilateral hip pain worse on the right, burning, dull numbing, severity was 4/10 to 7/10. The injured worker reported modifying factors were medications that took the pain from 9/10 to 5/10. The injured worker reported constant pain with muscle spasms and numbness and tingling with limited movement. On physical examination, the injured worker walked with an uneven gait favoring the right hip, but having been able to improve his posture. There was improved range of motion by 25 percent in the low back with chiropractic therapy. The injured worker's treatment plan included chiropractic therapy and medication management. The injured worker's prior treatments included diagnostic imaging, chiropractic therapy, and medication management. The injured worker's medication regimen included oxycodone, naproxen, and Gralise. The provider submitted a request for chiropractic therapy 3 times a week x2 weeks for the lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3x week x 2 weeks for the Lumbar Spine QTY 6: 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 & manipulation Page(s): 58..

**Decision rationale:** The request for Chiropractic 3x week x 2 weeks for the Lumbar Spine QTY 6 is not medically necessary. The CA MTUS guidelines recommend manual therapy 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the prior therapy. In addition, there is lack of documentation regarding the complete physical exam to evaluate for decreased functional ability and decreased range of motion, decreased strength and flexibility. Moreover, the amount of chiropractic visits the injured worker previously completed was not indicated in the documentation submitted. Therefore, the request for chiropractic therapy 3 times a week x2 weeks for the lumbar spine is not medically necessary.