

<b>Case Number:</b>	CM15-0111340		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 (IW) is a 64 year old male who sustained an industrial injury on 07/23/2011. He reported injury to the cervical and thoracic lumbar spine as well as injury to his face, head and chest. Per MRI of 04/04/2012, the injured worker was diagnosed as having L2-L3 3mm disc protrusion, L3-L4 3mm disc protrusion, L4-L5 3mm disc protrusion, and L5-S1 7mm disc protrusion. Treatment to date has included medication, physiotherapy, and diagnostic x-rays and MRI studies. Currently (04/28/2015), the injured worker complains of pain in the cervical and thoracic lumbar spine rated a 6/10 in severity which is unchanged from his stated pain level on 03/31/2015. He has had physiotherapy with some improvement in his overall condition. Medications include Fioricet, Celebrex, and Vicodin. Vicodin was recently reduced by 50% and he feels his pain levels were significantly elevated with this reduction. The reduction is an attempt to taper the medication. He is requesting more physiotherapy because he felt it was helpful. A request for authorization is made for Chiropractic/Physiotherapy plus manipulation, 3 x 4 for the cervical, thoracic and lumbar spine and Follow-up visit in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/Physiotherapy plus manipulation, 3 x 4 for the cervical, thoracic and 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 and Manipulation Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (cervical & thoracic also) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic/Physiotherapy plus manipulation, 3x4 or 12 visits for the cervical, thoracic and lumbar spine. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.

**Follow-up visit in 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor is requesting a re-exam in 4 weeks. The doctor cannot determine functional improvement without a re-exam. Therefore, the follow-up exam is according to the guidelines above and is medically necessary and appropriate to try to determine the proper treatment for this patient. (Also according to ACOEM, 2nd edition, page 398, "exacerbations of chronic medical conditions should be evaluated and treated according to the best clinical practices." A re-exam would follow in this category of best clinical practices.)