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| <b>Case Number:</b>   | CM15-0022201 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 09/27/2013 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60-year-old male with an industrial injury dated September 27, 2013. The injured worker diagnoses include cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago, lumbar spine compression fracture, and left knee arthralgia. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/12/2015, the injured worker reported a 6/10 low back pain and upper back pain with some improvement since prior visit. Physical exam revealed hypolordosis of the cervical and lumbar spine. Patellar L4 and Achilles S1 were blunted bilaterally. Documentation also noted that bilateral lower extremities sensory were intact. The treating physician prescribed services for 12-chiropractic treatment with physiotherapy 2 X for 6 Weeks for submitted diagnosis of lumbago as an outpatient. Utilization Review determination on January 27, 2015 denied the request for 12 chiropractic treatment with physiotherapy 2 X for 6 Weeks for submitted diagnosis of lumbago as an outpatient, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Treatment With Physiotherapy 2 X for 6 Weeks for Submitted Diagnosis of Lumbago as an Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

**Decision rationale:** With regard to chiropractic treatment, the MTUS CPMTG states: "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 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." Per the ODG TWC, a trial of 6 visits over 2 weeks is supported, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. The documentation submitted for review indicates that the injured worker has been receiving chiropractic care for the past several years and has exceeded the recommended number of visits. The request is not medically necessary. The documentation submitted for review indicates that the injured worker was previously treated with chiropractic manipulation. However, there was no documentation of functional improvement or return to work to support further treatment. The request is not medically necessary.