

<b>Case Number:</b>	CM15-0074630		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/26/1993
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 73-year-old female who sustained an industrial injury on 04/29/93. She is diagnosed with multiple levels failed lumbar disc, sciatica and severe thoracic and lumbar plexus neuropathies. She is not a surgical candidate. She has presented for her condition has become extremely exacerbated. Her last treatment was one year ago in May 2014. She has benefited from treatments administered at the time of previous exacerbations. A course of chiropractic and physical therapy has been requested to address the recent exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x 7:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** Per the MTUS guidelines, manual therapy & manipulation is 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. In this case, the injured worker is an elderly female diagnosed with multiple levels failed lumbar disc, sciatica and severe thoracic and lumbar plexus neuropathies. She has presented with a severe exacerbation. Her last treatment was one year ago and she has benefited from past treatments for exacerbation. The request for Chiropractic treatment x 7 is medically necessary and appropriate to address the recent exacerbation.

**Physical therapy x 7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the injured worker is an elderly female diagnosed with multiple levels failed lumbar disc, sciatica and severe thoracic and lumbar plexus neuropathies. She has presented with a severe exacerbation. Her last treatment was one year ago and she has benefited from past treatments for exacerbation. The request for Physical therapy x 7 is medically necessary and appropriate to address the recent exacerbation.