

<b>Case Number:</b>	CM17-0004738		
<b>Date Assigned:</b>	01/11/2017	<b>Date of Injury:</b>	11/14/2016
<b>Decision Date:</b>	02/07/2017	<b>UR Denial Date:</b>	12/28/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2017

### 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: Physical Medicine & Rehabilitation, 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 46 year old male, who sustained an industrial injury on 11-14-2016. A review of the medical records indicates that the worker is undergoing treatment for lumbar contusion and lumbar strain. Treatment has included pain medication and chiropractic physiotherapy. Subjective complaints (12-20-2016) included increased low back pain radiating down both legs causing numbness into the feet and weakness in both legs with inability to stand or sit for prolonged periods. Objective findings (12-20-2016) included tenderness of the lumbar spine, limited range of motion with pain and an antalgic gait. The treatment plan included 6 sessions of physiotherapy. Documentation shows that the worker underwent 6 sessions of chiropractic physiotherapy through 12-29-2016. Chiropractic notes show improved range of motion of the lumbar spine and decreased tenderness with prior treatment. A utilization review dated 12-28-2016 non-certified a request for chiropractic care for the low back; six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the low back; six sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2016,

Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

**Decision rationale:** MTUS recommends manual therapy and manipulation for chronic pain of the low back 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. An initial trial of 6 visits over 2 weeks is recommended to establish objective functional improvement. A total up to 18 visits, over 6-8 weeks, may be appropriate with documentation of objective functional improvement. For a flare up, or a recurrence of symptoms, re-evaluation of previous treatment success is necessary. If return to work is achieved, then 1-2 visits every 4-6 months is recommended. MTUS recommends that up to 18 visits over 6-8 weeks may be appropriate with documentation of objective functional improvement. Based on the documentation presented, there has been quantifiable clinical change with previous treatment and objective functional improvement has been documented. Given the objective functional improvement from previous treatment, the request is medically necessary.