

<b>Case Number:</b>	CM13-0019752		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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: 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 is a 66 year old male with an industrial injury on 02/22/2011. The mechanism of injury is documented as carrying heavy Plexiglas and steel back barrier for a tiered bleacher system on stage he suddenly felt a pop in his right elbow area. On 02/23/2011 MRI of the right forearm and right elbow showed a tear of the biceps tendon. He underwent tendon repair on 03/08/2011. On 06/19/2013 he presented for follow up. Exam of the cervical and thoracic spine were unremarkable. Lumbar spine showed left paralumbar muscle tenderness with tenderness over the left lower facet joints. Range of motion was decreased and there was pain with all lumbar spine motions. There was tenderness along the distal biceps tendon with forceful supination (right elbow). There was no limitation of movement of both elbows. Prior treatments include medications, surgery, bilateral lumbar facet radiofrequency procedure of the median branch nerves at lumbar 4-5 and lumbar 5-sacral 1 and physical therapy. Diagnosis was lumbar sprain/strain and multi-level degenerative joint with spinal stenosis. On 08/16/2013 the request for chiropractic 8 additional visits (2 times a week for 4 weeks) to lumbar spine was denied by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 8 ADDITIONAL VISITS (2X/WEEK X 4 WEEKS) TO LUMBAR SPINE: 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 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with flare-up of his low back pain on 06/24/2013, progress report by the treating doctor requested 8 chiropractic visits for flare-up. However, there are no chiropractic treatment records available, total number of visits and treatment outcomes is unknown. Progress report dated 08/06/2013 noted additional 8 chiropractic visits was requested. Reviewed of the available medical showed the claimant has had chiropractic treatments for his back previously, however, treatment outcomes and functional improvements are not documented. In addition, the request for 8 chiropractic visits exceeded the guidelines recommendation for flare-up. Therefore, it is not medically necessary.