

<b>Case Number:</b>	CM14-0107680		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 52-year-old male was reportedly injured on September 20, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar paraspinal muscles as well as pain with facet loading. There was a positive right-sided straight leg raise test. Diagnostic imaging studies were not available for review. Previous treatment includes chiropractic care. A request had been made for 12 sessions of chiropractic care for the lumbar spine, an MRI of the lumbar spine, and a pain management consult for possible injections and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic times 12 sessions:** 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

**Decision rationale:** The CAMTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. A review of the available medical records indicates that the injured employee has previously received chiropractic care. It is unclear how many visits are what the efficacy of this treatment was. Without this information, this request for 12 sessions of chiropractic therapy is not medically necessary.

**MRI of lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The injured employee was stated to have had a previous MRI of the lumbar spine although those results are unknown; there are no current findings of radicular symptoms on physical examination or complaints of radicular symptoms. Considering this, the request for an MRI of the lumbar spine is not medically necessary.

**Pain Management consult for possible injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical.

**Decision rationale:** The California Medical Treatment Guidelines support the use of referrals when a diagnosis is uncertain, extremely complex, or when the injured employee may benefit from additional expertise. Based on the clinical documentation provided the injured employee is still receiving conservative care and this has not been determined to be ineffective. Therefore request for a pain management consultation for injections is not medically necessary at this time.