

<b>Case Number:</b>	CM14-0157452		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 16, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy. No guidelines were invoked in the rationale, although the claims administrator stated that he was basing his decision on Third Edition ACOEM Guidelines at the bottom of the report. In a June 27, 2014 progress note, the applicant was described as having had 12 sessions of manipulative therapy to date on the most recent course. The applicant had ongoing lumbar radicular complaints. Norco, Soma, Ativan, and Lidoderm patches were sought, along with eight additional sessions of manipulative therapy. The applicant was already permanent and stationary with permanent limitations in place. The applicant did not appear to be working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional chiropractic visits 2x4 to the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant does not appear to be working with permanent limitations in place. Earlier manipulative treatment in unspecified amounts has failed to curtail the applicant's dependence on opioid agents such as Norco and/or benzodiazepine anxiolytics such as Ativan. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least nine recent sessions of chiropractic manipulative therapy. Therefore, the request is not medically necessary.