

<b>Case Number:</b>	CM14-0202143		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/02/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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 claimant is a 60-year-old male who was involved in a work injury on 3/2/2007 in which he injured his left ankle. The claimant later developed right knee and lower back pain due to overcompensation for the left ankle injury. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. On 9/12/2014 the claimant was reevaluated by [REDACTED], for complaints of increased lower back pain at 3/10 at rest and 5-6/10 with any attempted repetitive bending, stooping, twisting, pushing, pulling, and weight-bearing activities." A request for 6 chiropractic treatments "for his lumbar spine for his acute lumbar spine pain flare" was submitted. No treatment was authorized. On 10/10/2014 the claimant was reevaluated by [REDACTED] "with continued increasing pain to his lumbar spine at 3/10 at Reston 6/10 with attempted" activities. The claimant was diagnosed with lumbar sprain/strain. A request for 6 treatments was submitted and denied by peer review. The rationale was that "no flare-up has been documented. Lumbar spine has been diagnosed with degenerative lumbar disc disease which daily ordinary diseases of life would present with muscle spasm and mild decrease of ROM, therefore this request is noncertified." The purpose of this review is to determine the medical necessity for the requested 6 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of Chiropractic sessions of lumbar spine:** Overturned

**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 MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

**Decision rationale:** The medical necessity for the requested 6 chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 6 treatments are consistent with this guideline. The claimant did in fact present with a chief complaint of a flare-up of lumbar pain in September 2014. This report indicated that the claimant "has received 6 adjustment visits for his lumbar spine flare in February 2014, which completely resolved his acute lumbar spine flare-up." This indicates that the claimant has received chiropractic treatment of the past with overall improvement. The claimant presented 7 months later with increase lower back pain. Given the clinical findings on examination and the positive response to prior course of treatment, the medical necessity for the requested 6 chiropractic treatments was established.