

<b>Case Number:</b>	CM14-0218161		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/30/1986
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Minnesota  
 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:

This is a 74 year old male sustained an industrial related injury on 06/10/1987. The initial results of the injury and diagnoses were not provided. Per the most recent progress report (PR) or evaluation prior to the request (date), the injured worker's subjective complaints included low back pain rated 8/10. The injured worker reported symptoms had been present for a while but he had not been able to get in for treatment. No new injury was reported. Objective findings included: a [positive Ely's sign, positive pelvic compression for right SI pain, decreased lumbar ROM with pain, palpable tightness of the lumbar paravertebral and gluteal musculature. Current diagnoses included lumbar strain/sprain. Diagnostic testing has included a MRI revealing moderate to severe stenosis throughout the lumbar spine. Treatment to date has included chiropractic treatments. The additional chiropractic treatments were requested for the treatment of flare-up. There were no other noted treatments being rendered at the time the request for chiropractic manipulation was requested. The injured worker's pain was unchanged from previous exams. Functional deficits and activities of daily living were unchanged. The injured worker's work status was not provided. Dependency on medical care was unchanged. On 12/11/2014, Utilization Review non-certified a request for 10 chiropractic manipulation treatments which was requested on 12/08/2014. The chiropractic treatments were non-certified based on injured worker's history of frequent flare-ups of original injury and receiving monthly chiropractic treatments since May 2014 resulting in the appearance that the injured worker is unable to receive lasting therapeutic benefits from treatments. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent

Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of 10 chiropractic manipulation treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**10 chiropractic manipulation treatments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctors request for 10 Chiropractic treatments is not according to the above guidelines and is therefore not medically necessary. Also the records do not indicate evidence of objective functional improvement.