

<b>Case Number:</b>	CM15-0000420		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 56 year old female, who sustained an industrial injury on 8/15/2013. She has reported a fall resulting in lower back pain. The diagnoses have included thoracic sprain/strain, muscle spasms, and myalgia. Radiographic imaging included Magnetic Resonance Imaging (MRI) completed 8/25/2014 that revealed degenerative disc disease, facet arthropathy, and mild to moderate L4/L5 lateral recess stenosis and L5/S1 facet disease. Treatment to date has included physical therapy, acupuncture, 16 sessions of chiropractic care, and topical compounds. The medical records did document an allergy to ibuprofen. Currently in November and December 2014, the IW complains of pain in the back 6-7/10 VAS and elbow pain 5/10 VAS. Pain increases with standing and sitting and relieved with laying down flat. Back pain radiates to lower extremities, right greater than left. Diagnoses listed included spondylolisthesis, lumbago, and lumbar spondylosis. Status post L4-5 and L5-S1 facet block completed November 2014, with documented improvement to back pain and radiculopathy symptoms, however, with continued SI joint pain. The plan of care included bilateral SI joint injections and post injection chiropractic/physical therapy for modalities and core stabilization. On 12/3/2014 Utilization Review non-certified a chiropractic twice a week for four weeks, noting the documentation submitted lacked evidence of functional improvement. The MTUS Guidelines were cited. On 1/2/2015, the injured worker submitted an application for IMR for review of chiropractic twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic twice a week for four weeks (2x4): 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 Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with ongoing lower back pain despite previous treatments with medications, injections, physical therapy, acupuncture, and chiropractic. She has had 16 sessions of chiropractic care with no evidences of objective functional improvements. The claimant continued to have significant back pain that radiated to lower extremities that required L4-5 and L5-S1 facet block. Based on the guidelines cited, the request for additional 8 chiropractic treatments is not medically necessary.