MAXIMUS Federal Services

| Case Number: | CM15-0002454 | | |
|---|---|---|---|
| Date Assigned: | 01/13/2015 | Date of Injury: | 03/20/2008 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

## 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 AIG beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and earlier lumbar fusion surgery. In a December 17, 2014 utilization review report, the claims administrator failed to approve a request for 12 sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. In a progress note dated November 10, 2014, the applicant reported ongoing complaints of mid and low back pain. MRI imaging of the lumbar and thoracic spines were endorsed, along with electrodiagnostic testing of the bilateral lower extremities. The applicant was placed off of work, on total temporary disability. The applicant was given prescription for Norco. Eight sessions of chiropractic manipulative therapy were endorsed on that date. In an RFA form of November 19, 2014, 12 sessions of chiropractic manipulative therapy were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 2x6 to TS and LS:** 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 Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 1. No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. As acknowledged by the treating provider and claims administrator, the request at hand represents a request for an extension of chiropractic manipulative therapy. 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, here, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of manipulative therapy over the course of the claim. Therefore, the request was not medically necessary.