

<b>Case Number:</b>	CM15-0004935		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Oriental 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:

This 44 year old male sustained an industrial injury on 10/25/10, with subsequent low back pain. The injured worker was diagnosed with L5/S1 herniated nucleus pulposus with right radiculopathy. Treatment included radio frequency ablation, sacroiliac joint injections, facet nerve blocks, aqua therapy, 19 Chiropractic therapy visits, Nutrisystem and medications. No documentation of objective evidence of functional improvement following chiropractic therapy was noted within the records submitted for review. In an office visit dated 12/08/14, the injured worker complained of low back pain 3/10 from a prior 4/10 index without radiation of pain to lower extremities. The injured worker reported doing better overall and attributed the improvement to a 25 pound weight loss over the last year. Physical exam was remarkable for non-antalgic gait. Current diagnoses included lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain and lumbar radiculopathy. The injured worker had been off work since 12/2013. On 12/18/14, Utilization Review non-certified a request for chiropractic 3 sessions noting lack of documented of functional improvement sufficient to support additional car. The request was not supported by MTUS Chronic Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Care Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

**Decision rationale:** The 12/18/14 UR determination denied further Chiropractic care, 3 sessions for management of the patients chronic lower back pain. The determination found that reviewed documents of prior care failed to document functional improvement as required by the CAMTUS Chronic Treatment Guidelines. Reported improvement in pain from VAS 4/10 to 3/10 was not accompanied by any ADL improvement, reduction in medical management or return to work status. No clinical reasoning was provided that the claimant would not continued to improve with a self-managed exercise of conditioning program sufficient to maintain improvement reached with prior Chiropractic care. The 12/18/14 UR determination with support from the CAMTUS Chronic Treatment Guidelines was an appropriate determination denying the requested 3 additional Chiropractic visits.