

<b>Case Number:</b>	CM15-0005654		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 51 year old male, who sustained an industrial injury to his back on 1/15/14 after a rear end motor vehicle accident. He has reported low back pain in the right more than the left and problems with sleeping. The diagnoses have included lumbar spine pain/strain, degenerative disc disease (DDD), lumbar spine bulge and radiculopathy. Treatment to date has included medications and Home Exercise Program (HEP). Currently, per primary treating physician progress note dated 4/23/14, the IW complains of back pain radiating into bilateral lower extremities right greater than left. On exam, there is pain in the lumbar spine, pain with range of motion, tenderness over the lower lumbar spine, paraspinal muscles and sciatic notch. There was positive back pain with internal hip range of motion. The Magnetic Resonance Imaging (MRI) dated 3/7/14 revealed disc protrusion and facet arthropathy. Physician note dated 6/30/14 revealed that the IW exhibited movement and strength deficits involving the back and the condition is easily aggravated with prolonged kyphotic postures. The current medications were not noted. There was no previous chiropractic sessions documented. On 12/9/14 Utilization Review modified a request for Chiropractic 1xWk x 4Wks Lumbar and Chiropractic 2xWk x 6Wks Lumbar, modified to approve chiropractic 6 sessions based on the clinical information submitted and evidenced based guidelines. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1xWk x 4Wks Lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**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 low back pain that radiated into bilateral lower extremities despite previous treatments with medications, physical therapy, and home exercise programs. There is no previous chiropractic treatment documented. While MTUS guidelines might recommend a trial of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for chiropractic 1x week for 4 weeks is medically necessary and appropriate.

**Chiropractic 2xWk x 6Wks Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**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 radiating low back pain despite previous treatments with medications, physical therapy, and home exercise programs. There is no previous chiropractic treatments documented. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without first demonstrating evidences of objectives functional improvements for the initial trial visits, the request for 12 chiropractic visits is not medically necessary.