

<b>Case Number:</b>	CM15-0007583		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	11/15/1997
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, 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:

The injured worker is an 85-year-old male who has been injured in the course of his job over the years as a CAT Skinner for logging company since 1982. His diagnosis are Lumbar intervertebral disc syndrome, sciatica, myositis, cervical DJD as well as torn biceps tendon and bilateral CTS. An MRI of the lumbar spine revealed L1-5 DJD, T12-L1 3mm disc protrusion & 3mm retrolisthesis, L1-2 2-3mm disc bulges, L2-3& L3-4 3mm & 3-4mm disc bulges respectively, L4-5 right side unilateral degenerative grade 1 spondylolisthesis, L5-S1 2mm disc bulge. The doctor is requesting two chiropractic treatments per month with EMS for the lumbar spine 1-2 times per month per required need, duration not specified. This sounds like maintenance care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) Chiropractic treatments (CMT) with electric stimulation for the lumbar spine 1 to 2 times per month per required need, duration not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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. Two chiropractic treatments per month with EMS to the lumbar spine 1-2 times per month for an unspecified period of time sounds like maintenance care and is not according to the above guidelines. The requested treatment is therefore not medically necessary. Also to receive more treatment the doctor must document objective functional improvement.