

<b>Case Number:</b>	CM15-0107469		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Chiropractic

### 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 62 year old male, who sustained an industrial injury on 07/16/2013. The injured worker is currently able to work with modified duties. The injured worker is currently diagnosed as having lumbar disc syndrome with myelopathy, lumbar radiculitis, sciatic neuralgia, lumbar enthesopathy, thoracolumbar myofascial pain syndrome, pelvic obliquity, hip enthesopathy syndrome, thigh sprain/strain syndrome, and knee contusion. Treatment and diagnostics to date has included medications and chiropractic treatment, which included massage therapy, electric stimulation, and mechanical traction. In a progress note dated 01/14/2015, the injured worker presented with complaints of low back, pelvis/buttocks, mid back, and left knee pain. Objective findings include lumbar spasms with restricted range of motion. The treating physician reported requesting authorization for chiropractic treatment, 1 retrospective visits and 2 additional prospective visits over 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: 1 Chiro, 1 treatment today x 2 more over the next 6 weeks to the lumbar spine:** Overturned

**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 & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

**Decision rationale:** The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Two Progress reports were reviewed with documentation from the treating chiropractor. Objective findings documented from 12/1/14 to 1/14/15 exhibited improved lumbar range of motion and pain levels with improved activities of daily living. There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 1 retrospective sessions and 2 additional chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.