

<b>Case Number:</b>	CM15-0019365		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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:

The injured worker is a 70 year old male, who sustained an industrial injury on 6/6/05. He has reported neck and low back pain after slipping and falling. The diagnoses have included lumbar sprain/strain. Treatment to date has included conservative treatment, medications, epidural injections, Chiropractic 6 sessions in April '14 and physical therapy. Currently, the injured worker complains of intermittent back pain and reports occasional radicular pain but denies constant numbness and tingling. Pain reported as dull and unchanged over the previous year. Physical exam revealed discomfort, tenderness, positive straight leg raise for back pain and intact sensation. The x-rays of the lumbar spine revealed disc degeneration. He reports that he is not interested in injections or surgery at this time. Treatment was for short course of physical therapy and Chiropractic to relieve him of acute symptoms and medications. There was no previous therapy sessions noted. On 1/19/15 Utilization Review non-certified a request for Chiropractic therapy, twice a week for three weeks for the lumbar spine, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Manual Therapy and Manipulation were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, twice a week for three weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The PR-2 requesting additional Chiropractic care followed a reported certification/completion of same care in April '14 for 6 sessions. the patients presentation for additional care reported intermittent lower back pain unchanged over the previous year despite Chiropractic care application. The report addressed functional deficits on reexamination without evidence that any interim improvement in ADL's were attributable to Chiropractic mobilization in April '14. Reviewed medical records did not support clinical evidence of medical necessity to continue with Chiropractic care based on the lack of clinical evidence that prior care lead to any evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. The UR determination was appropriate and remains denied for further application of Chiropractic care, 2x3.