

<b>Case Number:</b>	CM15-0135641		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50 year old male who sustained an industrial injury on 5-13-13. Diagnoses are lumbar spine mild hyperlordosis, lumbar spine mild degenerative disc disease, L2-L3 posterior disc protrusion approximately 3 mm per the MRI 7-9-13, L3-L4 posterior disc protrusion measuring approximately 3mm, and fissure of annulus fibrosus per the MRI 7-9-13. In a progress report dated 6-30-15, the treating physician notes the injured worker states he is experiencing moderate pain at 4 out of 10. Work status is full duty. He notes difficulties with activities of daily living. A prescription dated 6-30-15 is written for Tramadol with no refills and Ibuprofen with one refill. Previous treatment includes medication, at least 12 physical therapy visits, and use of a transcutaneous electrical stimulator unit. The requested treatment is chiropractic manipulation for the lumbar spine for a quantity of 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation for the lumbar spine quantity 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Chiropractic care Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability  
Guidelines (ODG) Pain section, Chiropractic care.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic manipulation lumbar spine #6 is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are mild hyperlordosis; mild generative this disease; L2 - L3 posterior disc protrusion; and both of them are L3 - L4 posterior disc protrusion. The date of injury is May 13, 2013. Request for authorization is dated July 6, 2015. According to a June 30, 2015 progress note (the sole progress note by the requesting provider), subjective complaints included low back pain that radiated to the groin with a pain scale of 4/10. The injured worker was referred for an EMG and chiropractic care. The total number of chiropractic sessions is not documented in the medical record. There is no documentation demonstrating objective functional improvement from prior chiropractic care. There are no compelling clinical facts indicating additional chiropractic care is indicated. Based on clinical information the medical records, peer-reviewed evidence-based guidelines and no clinical documentation of prior chiropractic treatment, chiropractic manipulation lumbar spine #6 is not medically necessary.