

<b>Case Number:</b>	CM15-0136239		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/10/2015
<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  
 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 51 year old male who sustained a work related injury October 30, 2013. While lifting heavy bags of concrete he felt a pop in his lower back. He has received an epidural to the lumbar spine without benefit, acupuncture without benefit and physical therapy that made the symptoms worse. He was evaluated for a functional restoration program. He had also injured his right foot April 18, 2013, after a customer dropped timber on the foot and fractured his right big toe and he developed traumatic neuralgia. An MRI of the lumbar spine, dated February 11, 2014 (report present in the medical record) revealed an L4-L5 bulge with superimposed broad-based central disc protrusion which extends 4 mm dorsally, as well as facet arthrosis, mild canal narrowing and mild bilateral neural foraminal narrowing; L1-L2 mild bulge without significant canal or neural foraminal narrowing; prominent bilateral incompletely visualized peripelvic cysts. Past history included a fractured big toe, right foot, left clavicle fracture, right knee arthroscopy, MSRA (Methicillin-resistant Staphylococcus aureus) infections in both feet and nephrolithiasis. According to a physician's progress notes, dated May 26, 2015, the injured worker presented with complaints of pain and discomfort in the low back and legs. Examination of the lumbar spine revealed tenderness to palpation with full range of motion. Deep tendon reflexes and motor strength are equal in the bilateral lower extremities. Straight leg raise is positive bilaterally. Diagnoses are right foot neuropathy; right big toe fracture; right foot contusion; myofascial pain syndrome. At issue, is a request for authorization for 8 chiropractic sessions for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic sessions, 1 time a week for 8 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic sessions for lumbar spine which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.