

<b>Case Number:</b>	CM15-0139064		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This injured worker is a 51 year old female who reported an industrial injury on 6/3/2009. Her diagnoses, and or impression, were noted to include: lumbalgia; neuralgia/neuritis/radiculitis; acute or chronic post-traumatic pre-syncope; lower extremity pain; contusion of the lower limb-hip with instability; and lumbar inter-vertebral disc displacement without myelopathy. No imaging studies were noted. Her treatments were noted to include chiropractic treatments with physical therapy - very effective; medication management; and rest from work. The progress notes of 6/26/2015 reported acute, severe low back, left sciatica and left groin pain, as well as headaches, aggravated by activity, and associated with numbness/tingling in the left foot while driving. Objective findings were noted to include moderate distress; local tenderness with diminished range-of-motion in the spine; decreased lumbosacral deep tendon reflexes; and headache, secondary to cervical spine spasm and relieved by a chiropractic adjustment. The physician's requests for treatments were noted to include additional chiropractic treatments for the lumbar spine and left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment, once weekly, lumbar spine and left hip per 06/01/15 order, Qty: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulations Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 7/16/15 UR determination denied the request for additional Chiropractic care to the patients lumbar spine and left hip citing CA MTUS Chronic Treatment Guidelines. The reviewed medical records failed to address the number of completed manipulative sessions or what if any functional improvement was documented as required by CA MTUS Chronic Treatment Guidelines. The reviewed medical records failed to establish the medical necessity for continuation manipulative treatment or satisfy the CA MTUS Chronic Treatment Guidelines for continuing manual therapy. The request is not medically necessary.