

<b>Case Number:</b>	CM15-0141557		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 54-year-old female, who sustained an industrial injury on June 12, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar strain and lumbar spondylosis with spinal stenosis. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, laboratory studies, magnetic resonance imaging of the lumbar spine, x-rays to the lumbar spine, and home exercise program. In a progress note dated June 17, 2015 the treating physician reports pain to the low back that radiates to the left lower extremity along with spasms to the low back. Examination reveals decreased sensation on the left lumbar four region, lumbar tenderness, muscle spasms to the paraspinal muscles, and decreased range of motion to the lumbar spine. The injured worker's pain level was rated a 7 out of 10 without her medication regimen and was rated a 4 out of 10 with the injured worker's medication regimen. The medical records provided included chiropractic reports but the documentation provided did not indicate the quantity of prior chiropractic sessions and did not indicate if the injured worker experienced any functional improvement with prior chiropractic therapy. The treating physician requested additional chiropractic care for lumbar spine two times three, but the documentation provided did not indicate the specific reason for the requested therapy. Per a PR-2 dated 2/18/15, the claimant continues with [REDACTED], her chiropractor, but additional treatment has been denied. When she has treatments, her pain is significantly improved, but when she stops the treatments, her pain is worse. Per a PR-2 dated 4/15/15 and 5/13/15, the claimant's pain is somewhat worse recently and she still treats with her chiropractor.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiropractic care for lumbar spine 2X3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant appeared to make some improvement initially with chiropractic. However further treatments were rendered with no functional improvement and the claimant appears to be worsening. Therefore, further chiropractic visits are not medically necessary.