

<b>Case Number:</b>	CM15-0143695		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 29, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for nine sessions of physical therapy for the lumbar spine. The claims administrator referenced a RFA form received on July 13, 2015 in its determination. The claims administrator also referenced a progress note of July 9, 2015 in its determination. The claims administrator rationale was somewhat difficult to follow. It was not clearly stated whether the applicant had or had not had earlier chiropractic manipulative therapy through the date of the request. The applicant's attorney subsequently appealed. On said July 9, 2015 progress note, the applicant reported ongoing complaints of low back pain, 4-6/10. The applicant had had earlier physical therapy and epidural steroid injection, it was not reported. The applicant was not working, it was acknowledged. Trigger point injections were performed in the clinic. The applicant was given a Toradol injection. Chiropractic manipulative therapy was sought. The applicant was asked to remain off of work while manipulative therapy is ordered. Lidoderm patches were prescribed. The office visit seemingly represented the applicant's first office visit with the requesting provider, it was suggested. In an orthopedic consultation dated March 19, 2015, it was stated the applicant had had multiple epidural steroid injections and chiropractic manipulative therapy, it was reported. The applicant was not working, it was reported. The orthopedic consultant stated that he had nothing to offer the applicant from a surgical standpoint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 x 3 weeks for low back:** 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 & manipulation Page(s): 59-60.

**Decision rationale:** No, the request for nine sessions of chiropractic manipulative therapy for low back was not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request for manipulative therapy. An earlier treating provider reported on March 19, 2015 that the applicant had received prior chiropractic treatment in unspecified amounts over the course of the claim. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants, who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, it was reported on July 9, 2015. Earlier manipulative therapy had not, in short, proven beneficial. Therefore, the request was not medically necessary.