

<b>Case Number:</b>	CM15-0145390		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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

### 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 71-year-old female, who sustained an industrial injury on June 25, 2008. Treatment to date has included medications, chiropractic therapy, and heat therapy. Currently, the injured worker complains of sharp aching pain. He pain does not radiation and she rates her pain a 6-7 on a 10-point scale. She reports that activities at home will worsen her pain and her pain is relieved with heat therapy, medications and chiropractic therapy. She reports that her activities of daily living such as gardening, playing sports, sleeping, household chores and dressing are limited due to pain. On physical examination, the injured worker has a normal gait pattern and she is able to heel-toe walk with no increase in back pain. She has tenderness to palpation over the lumbar paraspinal muscles and she had six trigger points in the lumbar spine. She has limited range of motion of the lumbar spine and a positive straight leg raise on the left. She has no tenderness to palpation over the thoracic spine and normal range of motion. She has diminished sensation in the L4-5 dermatomes and exhibits normal motor strength. The diagnoses associated with the request include lumbar strain, diminished sensation in the L4 reflex, lumbar radiculopathy, and trigger points in the lumbar spine. The treatment plan includes trigger point and ligament injections, chiropractic therapy for myofascial release, passive-active stretching and strengthening, ionto and phonophoresis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, Lumbar Spine, 3 times wkly for 3 wks, 9 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** The claimant presented with chronic low back pain. Reviewed of the available medical records showed previous treatment with chiropractic treatments helped with her pain. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months if the patient have demonstrate objective functional improvement with prior chiropractic treatment, the request for 9 visits exceeded the guidelines recommendation. In this case, there is also no document of recent flare-up. Therefore, based on the guidelines cited, the request for 9 visits of chiropractic therapy sessions is not medically necessary.