

<b>Case Number:</b>	CM15-0160748		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 1-16-2013. She reported developing pain in the low back and left foot from repetitive type activities. Diagnoses include lumbar disc disease with lower extremity neuralgia, gastritis secondary to medication, lumping gait, and sleep and depressive disorders. Treatments to date include activity modification, orthotic support boot, medication therapy, physical therapy, acupuncture treatments, TENS unit and epidural steroid injections. Currently, she complained of ongoing low back pain with radiation to upper extremity and foot. On 6-18-15, the physical examination documented decreased sensation to left leg. The appeal requested authorization of twelve chiropractic therapy 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:

**Chiropractic therapy treatment to the lumbar spine for 12 sessions:** Upheld

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

**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 utilization review document of July 30, 2015 denied the treatment request for 12 additional chiropractic visits to manage the patient's chronic lumbar spine condition citing CA MTUS chronic treatment guidelines. The reviewed medical records did identify a prior course of chiropractic visits, 12 sessions along with pain management, lumbar spine imaging and referral for a left foot specialist. No subsequent documentation of improvement arising out of the 12 chiropractic visits was provided. The reviewed records failed to identify any recent flare or exacerbation necessitating a return to manipulative management. The medical necessity for 12 additional chiropractic visits to the patient's lumbar spine was not supported by the records reviewed or referenced CA MTUS chronic treatment guidelines.