

Case Number:	CM15-0162918		
Date Assigned:	08/31/2015	Date of Injury:	01/06/2015
Decision Date:	10/09/2015	UR Denial Date:	08/02/2015
Priority:	Standard	Application Received:	08/19/2015

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 51-year-old male who sustained an industrial injury on 01-06-2015. Mechanism of injury was a slip and fall. Diagnoses include lumbar sprain-strain, facet syndrome, lumbosacral neuritis, thoracic sprain-strain and rib sprain-strain. Treatment to date has included diagnostic studies, medications, 17 chiropractic sessions, and 6 physical therapy visits. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 05-28-2015 revealed a 3mm disc protrusion and suspected annular tear. He is not working. A Magnetic Resonance Imaging of the coccyx-sacrum done on 05-22-2015 was normal. A physician progress note dated 07-27-2015 documents the injured worker complains of low back pain with decreased numbing down both legs. Pain levels had decreased to 4-5 out of 10 and his has increased tolerance to sitting with a perceived improvement of 50% and less of a reliance on pain medications. On examination, there is restricted range of motion with soreness. He has a positive bilateral Kemp's and positive bilateral straight leg raise, and positive Braggards, Goldthwait, FABER, and illiac compression. There is tenderness to palpation at L4-5, left sacroiliac joint and L5-S1 and left inguinal region. The treatment plan includes pain management consult for lumbar radiculopathy, acupuncture, and a neurodiagnostic study of eh lower extremities. Treatment requested is for Retro Chiropractic Therapy Treatment for 6 Sessions to the Lumbar and Thoracic Spine 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Chiropractic Therapy Treatment for 6 Sessions to the Lumbar and Thoracic Spine
2x3: Overturned**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

Decision rationale: MTUS guidelines, page 59-60 give the following recommendations regarding manipulation: "These recommendations are consistent with the recommendations in ODG, which suggest a trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, except that the Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). Payors may want to consider this option for patients showing continuing improvement, based on documentation at two points during the course of therapy, allowing 24 visits in total, especially if the documentation of improvement has shown that the patient has achieved or maintained RTW." The medical necessity for the requested 6 additional chiropractic treatments was established. The claimant began a course of chiropractic treatment with overall improvement. A comparison of the 2 most recent examinations reveals a reduction in overall pain complaints and improvement in functional capacity including sitting tolerance. Given the improvement noted because of the initial course of care and failure of previous course of physical therapy and medication management to bring about a resolution of his condition the requested 6 additional treatments can be considered appropriate.