

<b>Case Number:</b>	CM15-0162965		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a(n) 53 year old female, who sustained an industrial injury on 5-29-12. She reported injury to her lower back and subsequently underwent an L5-S1 decompression and fusion on 12-11-14. The injured worker was diagnosed as having lumbago, sacroiliac joint pain and lumbar radiculitis. Treatment to date has included chiropractic treatments, physical therapy, Norco, Lyrica and Tramadol. On 3-31-15 the injured worker rated her pain an 8 out of 10. The treating physician noted lumbar flexion 70 degrees, extension 20 degrees and rotation 20 degrees bilaterally. As of the PR2 dated 7-2-15, the injured worker reports severe residual pain radiating into the right groin and lower extremity. She rates her pain a 6 out of 10. Objective findings include lumbar flexion 70 degrees, extension 20 degrees and rotation 20 degrees bilaterally. There is also a positive Patrick's and Kemp's sign. The treating physician noted that previous chiropractic treatments have provided up to 40% pain reduction for the injured worker and improved her ability to ambulate for a week. The treating physician requested chiropractic treatments x 6 sessions to the lumbar post injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to lumbar six visits post injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

**Decision rationale:** Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, the chiropractic visits were requested post-injection. However, the injections never took place due to not be supported. There is no stated need for the chiropractic visits in light of the cancelled injection. The request for chiropractic treatment to lumbar six visits post injection is determined to not be medically necessary.