

<b>Case Number:</b>	CM15-0164436		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 24 year old female who sustained an industrial injury on 4-3-14. The mechanism of injury was unclear. She currently complains of mild to slight frequent low back pain radiating into the hips right greater than left with mild right leg radiculopathy from the hip to the right knee. Her pain has improved by 40% with a pain level of 4 out of 10 versus 6 out of 10 with improved range of motion and sleep improved by 25%. On physical exam of the lumbar spine there was mild tenderness to palpation, positive bilateral straight leg raise, positive bilateral Kemp's test, Braggrds, Fabere, iliac compression; right knee exam revealed mild discomfort with range of motion, mildly positive patellofemoral compression test and McMurray's Maneuver. Diagnoses include lumbosacral sprain, strain; lumbosacral neuritis, radiculitis; knee and leg strain, sprain. Treatments to date include chiropractic treatments (there was no documentation of number of prior treatments or outcome). Diagnostics include MRI of the lumbar spine (7-22-15) showing posterior disc protrusion. In the progress note dated 7-16-15 the treating provider's plan of care included requests for additional chiropractic treatments twice per week for four weeks to the low back; MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 2 x 4 weeks, low back: 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 Manual therapy Page(s): 58.

**Decision rationale:** Guidelines recommend a trial of 6 sessions of chiropractic care for low back pain with documentation of functional improvement; it can be extended up to 18 sessions. In this case, the documentation did not indicate the number of prior sessions nor did it contain objective functional improvement evidence. The request for additional chiropractic sessions is not medically appropriate or necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**Decision rationale:** Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed. The request for lumbar MRI is not medically appropriate or necessary.