

<b>Case Number:</b>	CM15-0164525		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/26/1984
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/17/2015
<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: 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 63 year old female who sustained a work related injury March 26, 1984. Past history included back surgery 1985, neck surgery 2000 and 2003. According to a treating physician's progress notes, dated August 11, 2015, the injured worker presented with lumbar spine pain, rated 4 out of 10, described as moderate, aching, and stabbing. She reports when trying to perform yoga, flare-ups started. Current medication included Neurontin and ibuprofen. Objective findings included; lumbar spine- tenderness left and right lower paraspinal muscles and left ischium, range of motion; lumbar flexion normal, extension moderately decreased, right rotation slightly decreased, seated straight leg raise negative bilaterally, Kemps mildly positive. Inspection of the pelvis revealed right hemi-pelvis rotated forward causing apparent ligament discrepancy. Diagnoses are spondylolysis, lumbar region; other intervertebral disc degeneration, lumbosacral region; low back pain; segmental and somatic dysfunction of sacral region. At issue, is the request for authorization for chiropractic referral for evaluation of the low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One referral to a chiropractor for evaluation for the low back, as an outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG guidelines, office visits: "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged."

**Decision rationale:** The medical necessity for the requested referral to a chiropractor for an evaluation was established. The rationale for denial was that "there were no objective examination findings documented." Available for review was in 8/18/2015 and 8/11/2015 evaluations from [REDACTED]. Both evaluation reports reveal objective findings and tenderness to palpation in the left lower lumbar paraspinal, right lower lumbar paraspinal muscles, and tenderness to the ischium bilaterally. There was also a reduction in lumbar extension and right lumbar rotation. Kemps test was positive. There were sufficient objective findings to warrant a 2nd opinion consultation with a chiropractor. Therefore, I recommend certification of the requested chiropractic referral. MTUS chronic pain treatment guidelines, page 1: "Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." ODG guidelines give the following recommendation regarding office visits: "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." MTUS guidelines, page 58, manual therapy manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain."