

<b>Case Number:</b>	CM15-0166481		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Chiropractic

### 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 40 year old male, who sustained an industrial injury on 6-21-2010. He reported a fall while unloading a table from a truck. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included diagnostics, left hip surgery, physical therapy, chiropractic (6 recent sessions), cryotherapy, and medications. Currently, the injured worker reported benefit from recent 6 sessions of chiropractic therapy. Pain was not currently rated. Pain rating was noted as 8 out of 10 at the start of recent chiropractic, decreased to 3 out of 10 at least visit. He was instructed to continue cryotherapy at home and was instructed on functional exercises to improve muscle function. Physical exam noted the ability to toe and heel walk, normal thoracolumbar posture, no muscle spasm or tenderness, and forward flexion to 70 degrees, extension 25 degrees, and lateral bending 30 degrees in either direction. He was interested in completing more sessions of chiropractic. It was documented that chiropractic decreased pain and improved activities of daily living and range of motion. His current medication regimen was not noted. His condition remained permanent and stationary. The treatment plan included 6 additional chiropractic manipulation sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions, provided to date, is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the lumbar spine not be medically necessary and appropriate.