

<b>Case Number:</b>	CM15-0185158		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 an industrial injury on 6-10-2003. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease. A recent progress report dated 8-5-2015, reported the injured worker complained of right paralumbar spasm and improvement in the sacroiliac joint. Physical examination revealed right paralumbar tenderness. Treatment to date has included trigger point injections, sacroiliac joint injection, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. The physician is requesting 8 treatments for chiropractic care. Documentation is unclear if the injured worker has received chiropractic care in the past. On 9-4-2015, the Utilization Review modified the request for 8 treatments for chiropractic care to 6 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The medical necessity for the requested 8 chiropractic treatments was not established. Upon peer review, the request was appropriately modified to certify 6 treatments consistent with medical treatment utilization schedule guidelines. The provider submitted no documentation to suggest why the claimant was an outlier and would benefit from treatment outside of MTUS guidelines. Therefore, the medical necessity for the requested 8 chiropractic treatments was not established; the request is not medically necessary. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks."