

<b>Case Number:</b>	CM15-0187226		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 44 year old male, who sustained an industrial injury on 11-18-13. The injured worker is being treated for lumbar disc protrusion, lumbar spondylosis, lumbar spinal stenosis and lumbar radiculopathy. (MRI) magnetic resonance imaging of lumbar spine performed on 12-22-14 revealed multiple disc protrusions, mild straightening of lumbar lordosis and degenerative discogenic spondylosis. Treatment to date has included oral medications including Norco, Xanax, Methyl prednisone and Soma; topical creams, lumbar epidural injections, aquatic therapy, 4 sessions of chiropractic therapy (on 7-15-15 it is noted the treatments are helping with his symptoms; however it does not specifically state chiropractic treatments alone), 6 sessions of acupuncture, interferential unit for home and activity modifications. On 7-29-15 and 8-26-15, the injured worker complains of constant low back pain radiating to the lower extremities with associated numbness and tingling; pain is rated 7 out of 10. He is temporarily totally disabled. Objective findings noted on 7-29-15 noted restricted range of motion of lumbar spine and on 8-26-15 revealed restricted lumbar range of motion with tenderness to palpation along the lumbar spine with an antalgic gait. On 8-24-15 a request for 4 sessions of chiropractic therapy treatment was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic Therapy treatment for four sessions to the lumbar spine, once a week for four weeks:** 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 California chronic pain medical guidelines section on manual manipulation states: 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 of Manual Medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The previous sessions have not produced documented objective significant improvements in pain and function directly contributed to the therapy. Therefore, the request is not medically necessary.