

<b>Case Number:</b>	CM15-0189113		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/07/1995
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Minnesota

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 48 year old female, who sustained an industrial injury on September 07, 1995. The injured worker was diagnosed as having left lumbar five radiculopathy, antalgic gait, post laminectomy syndrome, chronic pain syndrome, cervicalgia, cervical facet pain, and myofascial pain syndrome. Treatment and diagnostic studies to date has included status post lumbar laminectomy in 1998, status post posterior spinal fusion at lumbar five to sacral one, status post removal of hardware removal in 2000, medication regimen, home exercise program, chiropractic therapy, and trigger point injections. In a progress note dated August 07, 2015 the treating physician reports complaints of ongoing pain to the low back and left lower extremity along with pins and needles with weight bearing. Examination performed on August 07, 2015 was unrevealing for abnormalities to the lumbar spine. On August 07, 2015 the treating physician noted that the injured worker's pain has ranged from an 8 to 10 out of 10. The progress note from August 07, 2015 indicated prior chiropractic therapy of an unknown quantity for myofascial release for cervical range of motion with noted "improvement" to the cervical range of motion due to chiropractic therapy, but the progress note did not indicate any chiropractic therapy performed to the lumbar spine. The examination performed on July 08, 2015 was revealing for a 20% limited range of motion to the lumbar spine, positive facet loading testing, decreased sensation to the left calf, and weakness to the extensor hallucis longus. The progress note from April 01, 2015 noted a request for six sessions of chiropractic therapy noting "significant limitation in lumbar range of motion" and "significant tender points" along with noting the request for chiropractic therapy was to "improve lumbar range of motion and

myofascial pain improvement" and noting no prior chiropractic therapy to this date. On September 10, 2015 the Utilization Review determined the request for six sessions of chiropractic therapy to the lumbar spine to be not medically certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment 6 sessions, lumbar spine:** Overturned

**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:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic treatment/manipulation for 6 sessions to the lumbar spine. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. The doctor must document objective functional improvement from these 6 approved visits for the patient to receive further chiropractic manipulation.