

<b>Case Number:</b>	CM15-0190593		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 56 year old male, who sustained an industrial injury on 8-3-11. Current diagnoses or physician impression includes lumbar spondylosis L2-S1, left lateral protrusions L2-L3 and L3-L4, annular tear L2-S1 with multilevel foraminal narrowing, cervicothoracic strain and chronic pain. His work status is temporary total disability. A note dated 9-16-15 reveals the injured worker presented with complaints of low back pain that waxes and wanes. A physical examination dated 7-22-15 - 9-16-15 revealed a left sided shift and he is unable to stand in the neutral position. He is unable to participate in range of motion testing due to increased pain. His lower extremity strength is 5 out of 5 bilaterally. Treatment to date has included acupuncture therapy, which provides improvement (per note dated 9-16-15), home exercise program and medications. A request for authorization dated 9-16-15 for chiropractic care 8 sessions is modified to 6 sessions, per Utilization Review letter dated 9-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care quantity 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The claimant presented with chronic low back pain. Previous treatments include medications, acupuncture, and home exercises. According to the available medical records, the claimant has no history of chiropractic treatment. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks. The request for 8 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvements with the trial visits, it is not medically necessary.