

<b>Case Number:</b>	CM15-0192673		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/09/1986
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 58 year old male, who sustained an industrial injury on 06-09-1986. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic lumbosacral myofascial pain (with flare-up), and chronic lumbar intervertebral disc syndrome. Medical records (08-27-2015 to 09-10-2015) indicate ongoing chronic low back pain with recent flare-up. Baseline pain levels were reported as 2-3 out of 10 on a visual analog scale (VAS); however, per the progress notes (dated 08-27-2015), the IW reported pain levels of 7 out of 10, and 6 out of 10 on 09-10-2015 after undergoing 2 treatments of chiropractic manipulation. Records also indicate improved level of functioning after chiropractic treatments. Per the treating physician's progress report (PR), the IW has returned to regular duties, but having moderate difficulty due to recent flare-up. The physical exam, dated 09-10-2015, revealed limited range of motion in the lumbar spine, positive Minor's sign, positive straight leg raises, and localized tenderness and muscle spasms in the lumbosacral junction. Relevant treatments have included physical therapy (PT), an unknown amount of chiropractic treatments with good benefit, work restrictions, and pain medications. The request for authorization (09-10-2015) shows that the following treatment was requested: four (4) sessions of chiropractic manipulation to include SMT, lumbar, distraction and ultrasound. The original utilization review (09-18-2015) partially approved the request for four (4) sessions of chiropractic manipulation to include SMT, lumbar, distraction and ultrasound (modified to one (1) session of chiropractic manipulation to include SMT, lumbar).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) sessions of chiropractic manipulation to include SMT, lumbar, distraction and ultrasound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his 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 are unknown and not specified in the records provided for review. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommend 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 has been objective functional improvement with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and approved 1 additional session. The MTUS recommends 1-2 additional sessions with objective functional improvement. I find that the 4 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.