

<b>Case Number:</b>	CM15-0194477		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

This is a 57 year old female with a date of injury of July 20, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain and lumbar radiculopathy. Medical records dated July 31, 2015 indicate that the injured worker complained of lower back pain with improved symptoms since recent weight loss, and pain rated at a level of 6 out of 10 that is reduced from 10 out of 10. Records also indicate that the injured worker was able to sit and stand for ten minutes, and walk for five minutes. A progress note dated September 2, 2015 documented complaints similar to those reported on July 31, 2015 with pain rated at a level of 7 to 8 out of 10. Per the treating physician (September 2, 2015), the employee has not returned to work. The physical exam dated July 31, 2015 reveals an antalgic gait, abnormal heel and toe walk, use of a cane, tenderness to palpation in the midline and in the lumbar paraspinal muscles with spasms, decreased range of motion of the lumbar spine, decreased sensation over the right L4 and L5 dermatomes, decreased strength of the bilateral psoas and extensor hallucis longus, invertors, plantar flexors, and evertors, hypo reflexive reflexes in the bilateral Achilles, positive straight leg raise on the right, and positive slump test and Lasegue maneuver on the right. The progress note dated September 2, 2015 documented a physical examination that showed no changes since the examination performed on July 31, 2015. Treatment has included five sessions of physical therapy with minimal benefit, two or three lumbar epidural steroid injection with minimal relief and exacerbated pain, two lumbar surgeries with minimal benefit, postoperative physical therapy with no benefit, aqua therapy with little benefit, weight loss program with forty pound weight loss and 40% relief of lower back pain, transcutaneous electrical nerve stimulator unit with temporary pain relief, and medications (Advil, topical creams and patches, Hydrocodone, Flexeril, Tylenol #3). The original utilization review (October 1, 2015) non-certified a request for an initial trial of eight sessions of chiropractic treatments for the lumbar spine.

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

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

**Chiropractic treatment 2 times 4 for the lumbar spine:** Overturned

**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 not received chiropractic care for her lumbar spine injury in the past. Chiropractic treatment has been requested several time in the past year, per the records provided, but never approved. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks with additional sessions with evidence of objective functional improvement. The patient has undergone acupuncture, physical therapy, weight management as is status post-surgery for the lumbar spine. The patient has not received chiropractic care for this injury. I find that the 8 initial chiropractic sessions requested is medically necessary and appropriate.