MAXIMUS Federal Services

| Case Number: | CM15-0196875 | | |
|---|---|---|---|
| Date Assigned: | 10/12/2015 | Date of Injury: | 04/18/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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 64-year-old male, who sustained an industrial injury on 4-18-14. Medical records indicate that the injured worker is undergoing treatment for lumbosacral disc protrusions, rule out lumbar radiculopathy and chronic lumbar myofascial pain. The injured worker is temporarily partially disabled. On (9-2-15 and 8-5-15) the injured worker complained of low back pain with intermittent left greater than right lower extremity symptoms. The pain was rated 7-8 out of 10 on the visual analogue scale. Objective findings noted that the injured worker had difficulty arising from a seated position and ambulated with a slightly antalgic gait. Examination of the lumbar spine revealed tenderness over the lumbar spine and lumboparaspinal musculature with paraspinal spasm. Range of motion was decreased. Sensation was diminished in the left lumbar five and sacral one dermatomes. Treatment and evaluation to date has included medications, toxicology screen, transcutaneous electrical nerve stimulation unit, lumbar-sacral orthosis back brace, physical therapy and chiropractic treatments (12). The progress note dated 8-5-15 notes that the chiropractic treatments facilitate diminution of pain and improve tolerance to activity. Current medications include Tramadol 50 mg twice a day. The current treatment request is for additional chiropractic treatments for the lumbar spine three times a week for four weeks # 12. The Utilization Review documentation dated 9-29-15 non-certified the request for additional chiropractic treatments for the lumbar spine three times a week for four weeks # 12.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional chiropractic treatments for the lumbar spine, 3x a week for 4 weeks as an outpatient:** 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. According to the available medical records, the claimant recently completed 12 visits of chiropractic treatments. However, there are no evidences of objective functional improvements. Reviewed of the treating doctor progress reports showed no change in objective findings, no change in range of motion of the lumbar spine, no change in medication intake. Based on the guidelines cited, the request for additional 12 chiropractic treatments is not medically necessary.