

<b>Case Number:</b>	CM15-0197304		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 60 year old female, who sustained an industrial injury on November 17, 2005, incurring upper and lower back injuries. She was diagnosed with a lumbar sprain, cervical neck sprain and lumbosacral neuritis. Treatment included a total number of 12 chiropractic sessions, medication management and activity restrictions. Currently, the injured worker complained of persistent low back pain with tenderness, spasms and decreased range of motion. She was diagnosed with chronic lumbar strain with chronic radiculopathy and a cervical strain. The constant pain and discomfort of her back interfered with the injured worker's activities of daily living. The treatment plan that was requested for authorization on October 6, 2015, included 12 additional chiropractic sessions for the lumbar spine. On September 24, 2015, a request for 12 chiropractic sessions was modified to 6 additional chiropractic sessions by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for an additional 12 visits for the lumbar spine:** 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 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 therapy of 12 visits for the lumbar spine for an unspecified period of time. The UR doctor correctly modified the treatment to 6 visits approved per the above guidelines. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. After the patient receives the 6 approved UR visits, the doctor must document objective functional improvement from these approved visits in order to receive more care for the patient.