

<b>Case Number:</b>	CM15-0200167		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 41 year old, male who sustained a work related injury on 11-9-10. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 9-24-15, the injured worker reports bottom of left foot is numb. He has low back pain that radiates to the left leg. He has pain in his neck, left hip and left knee. He is having erection issues. His pain level is 7 out 10. On physical exam dated 9-24-15, he has decreased sensations in left leg. Current medications include Norco. No notation of working status. The treatment plan includes requests for chiropractic treatments and for home health care. In the Utilization Review dated 10-9-15, the requested treatments of chiropractic treatments x 12 and home health care 4 hours a day for 5 days a week for 8 weeks are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 12 sessions:** 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:** Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, this is a request for 12 initial sessions of chiropractic care which exceeds the established guidelines; therefore, the request for chiropractic 12 sessions is determined to not be medically necessary.

**Home health care 4 hours per day for 5 days a week for 8 weeks for the lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. This request is for homemaker services and not for medical treatment. Additionally, there is no indication that the injured worker is homebound, therefore, the request for home health care 4 hours per day for 5 days a week for 8 weeks for the lumbar spine is determined to not be medically necessary.