

<b>Case Number:</b>	CM15-0200278		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Montana

Certification(s)/Specialty: Chiropractor, Oriental  
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 44 year old male, who sustained an industrial injury on June 27, 2013. The injured worker was diagnosed as having lumbar disc disorder and lumbar radiculopathy. Treatment and diagnostic studies to date has included medication regimen, use of ice, use of heat, and home exercise program. In a progress note dated September 03, 2015 the treating physician reports complaints of an increase in pain to the low back. Examination performed on September 03, 2015 was revealing for a right sided flat foot, antalgic gait, decreased range of motion to the lumbar spine with pain, positive lumbar facet loading on the right side, positive straight leg raises on the right side. The progress note from September 03, 2015 did not include the injured worker's numeric pain level as rated on a visual analog scale. The medical records provided did not indicate any prior chiropractic therapy sessions performed. On the treating physician requested September 03, 2015 chiropractic therapy two times a week for four weeks to "reduce spinal dysfunction, pain, tenderness, and muscle spasm, and to improve range of motion and ability to perform normal activities of daily living." On September 15, 2015 the Utilization Review determined the request for chiropractic therapy to the low back to be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the low back: 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:** It is unclear if the patient has had prior chiropractic treatments or if the request is for initial trial of care. Provider requested unknown frequency of chiropractic visits which were non-certified by the utilization review. Per medical notes dated 09/03/15, the request was for 8 Chiropractic sessions. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, Chiropractic visits are not medically necessary.