

<b>Case Number:</b>	CM15-0201281		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 48 year old male who sustained a work-related injury on 6-2-14. Medical record documentation on 8-25-15 revealed the injured worker was being treated for thoracic spine sprain-strain, lumbar spine sprain-strain, disc herniation at L5-S1 with Left S1 nerve root displacement and left lower extremity radiculopathy. He reported persistent and increasing pain and stiffness in the mid and lower back radiating into the left leg. He reported attending physical therapy with only temporary benefit. Objective findings included tenderness to palpation over the paraspinal regions with spasms. His thoracic and lumbar spine range of motion is limited. Straight leg raise remained positive on the left at 50 degrees in both the sitting and supine positions. Sensation over L4-S1 nerve roots bilaterally was within normal limits. The evaluating physician noted that the injured worker had undergone conservative treatment with no lasting improvement and referred the injured worker to a pain management specialist for evaluation. The documentation included progress notes from 8 sessions of chiropractic therapy from 8-6-15 through 9-1-15. A request for additional chiropractic therapy visits 2 x a week for 6 weeks for the lumbar spine (12) was received on 9-17-15. On 9-23-15, the Utilization Review physician determined additional chiropractic therapy visits 2 x a week for 6 weeks for the lumbar spine (12) was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic therapy visits 2x a week for 6 weeks for the lumbar spine (12):**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received 13 chiropractic care sessions for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12 requested sessions far exceed The MTUS recommended number of 1-2 additional sessions over 4-6 months. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.