

<b>Case Number:</b>	CM15-0202326		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 34 year old female, who sustained an industrial-work injury on 1-28-15. A review of the medical records indicates that the injured worker is undergoing treatment for left hip pain that has gotten progressively worse, headaches and low back pain. Treatment to date has included pain medication Naprosyn, physical therapy at least 12 sessions with 80 percent improvement in pain but numbness in the left leg has not resolved diagnostics, activity modifications and other modalities. Medical records dated 9-21-15 indicate that the injured worker complains of left hip and low back pain but with chiropractic and massage therapy the pain is starting to decrease. The pain in the left hip is rated 4 out of 10 on the pain scale. The physician indicates that the injured worker would like to continue with chiropractic treatments at this time. The medical record dated 8-28-15 documents that she has low back pain but it has improved after her first chiropractic sessions. The physical exam dated 9-21-15 reveals tenderness to palpation over the lateral portion of the left hip. There is pain with range of motion but she has full range of motion noted on exam. The physician indicates that she has completed all the physical therapy sessions which helped improve her symptoms. The requested service included Chiropractor 2 times a week for 6 weeks, low back & left hip. The original Utilization review dated 9-28-15 non-certified the request for Chiropractor 2 times a week for 6 weeks, low back & left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor 2 times a week for 6 weeks, low back & left hip:** 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 requested chiropractic 2 times per week for 6 weeks or 12 visits for the low back and left hip. 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.