

<b>Case Number:</b>	CM15-0203233		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2015
<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

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:

This is a 34 year old male who sustained a work-related injury on 8-30-13. Medical record documentation on 9-21-15 revealed the injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy. He reported improvement in the mid back and especially in the lower back with chiropractic therapy. He noted an increase in pain since he returned to work and stopped his chiropractic therapy. His pain is associated with numbness, tingling and weakness in the left leg. He rated his average level of pain in the last seven days a 6 on a 10-point scale (no change from 7-13-15). His pain was aggravated by bending, reaching, kneeling and prolonged standing and walking. His functional activity in the previous month included physical exercise, going to work, performing some household chores. He was not doing yard work or shopping. Objective findings included lumbar range of motion with forward flexion to 60 degrees, extension to 35 degrees, left side bending to 30 degrees and right side bending to 25 degrees. His rotation was limited. He had tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Straight leg raise was positive bilaterally in supine position at 45 degrees on the right and 50 degrees on the left and was positive in a sitting position left side greater than right. He had diminished sensation in the L5-S1 dermatomes of the bilateral lower extremities. The evaluating physician noted that a lumbar MRI was positive for L5-S1 disc protrusion with bilateral left greater than right neural foraminal narrowing and T2 chronic compression fracture. A request for nine sessions of chiropractic therapy, three times per week for three weeks for the low back was received on 10-2-15. On 10-9-15, the Utilization Review physician modified nine sessions of chiropractic therapy, three times per week for three weeks for the low back to two sessions of chiropractic care to allow for reassessment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nine sessions of chiropractic therapy, 3 times a week for 3 weeks 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:** The claimant presented with chronic low back pain. According to the available medical records, the claimant returned to work and experienced flare-up of low back pain. Previous chiropractic treatment noted to help with his mid back and low back pain, total number of visits completed is unclear. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, the request for 9 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.