

<b>Case Number:</b>	CM15-0204029		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 56 year old male who sustained an industrial injury on 7-18-2005. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic pain. According to the progress report dated 4-9-2015, the injured worker complained of ongoing low back pain. Objective findings (4-9-2015) documented "no significant change." Per the progress report dated 7-2-2015, the injured worker rated his average pain 6-8 out of 10. The physician noted that gym membership, Norco and chiropractic sessions had been denied. The injured worker had decreased his activity for fear of flaring his back. The physical exam (7-2-2015) revealed ongoing tenderness to the lumbar paraspinal muscles with decreased range of motion in all planes. Treatment has included medications (Norco, Lidoderm patches, Ibuprofen and Zantac), physical therapy and chiropractic care. The original Utilization Review (UR) (9-30-2015) denied a retrospective request for 6 chiropractic sessions (request date 2-13-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 6 Chiropractic Sessions (Request date 2/13/15): 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 chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, 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 PTP states under objective findings: "no significant change." I find that the 6 additional retroactive chiropractic sessions requested to the lumbar is not medically necessary and appropriate.