

<b>Case Number:</b>	CM15-0204587		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

This is a 56 year old female who sustained an industrial injury on 2-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine degenerative disc disease, right sacroiliac joint dysfunction and lumbago. According to the progress report dated 9-22-2015, the injured worker complained of a flare-up of low back and neck pain. She requested more chiropractic treatment. Per the treating physician (9-22-2015), the work status was full duty. Objective findings (9-22-2015) revealed slightly restricted cervical spine range of motion. There was tenderness to palpation about the cervical spine and paraspinal muscles. There was tenderness to palpation in the midline lower lumbar spine. Treatment has included chiropractic manipulation. The request for authorization was dated 9-25-2015. The original Utilization Review (UR) (9-29-2015) modified a request for 12 chiropractic treatment sessions and therapeutic massage for the lumbar spine to 2 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments and therapeutic massage: lumbar spine 12 treatments: 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): Massage therapy, 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 guidelines above also state that massage is recommended as an adjunct (to exercise and/or manipulation) and should be limited to 4-6 visits in most cases. The doctor requested Chiropractic treatments and therapeutic massage to the lumbar spine for 12 treatments. The requested treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. The UR doctor modified the requested treatment to 2 visits which is really not enough for the doctor to show objective functional improvement in most cases.