

<b>Case Number:</b>	CM15-0207365		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/20/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 32 year old female, who sustained an industrial injury on 3-20-2015. The injured worker was being treated for lumbar herniated nucleus pulposus and radiculopathy. The injured worker (6-11-2015, 7-21-2015, and 8-31-2015) reported ongoing low back pain with radiating pain, numbness, and tingling in the bilateral lower extremities. She reported her pain increased with sitting and walking for 30 minutes. She rated her pain as 8-9 out of 10. The physical exam (6-11-2015, 7-21-2015, and 8-31-2015) revealed lumbar tenderness to palpation, decreased lumbar range of motion that was unchanged, and decreased sensation of the left L3 (lumbar 3) and right L4-S1 (lumbar 4-sacral 1) dermatomes. The MRI of the lumbar spine (dated 5-28-2015) stated there is a broad-based central disc protrusion at L5-S1 (lumbar 5-sacral 1) without compressive discography, central canal stenosis, or foraminal impingement. Treatment has included physical therapy without a reduction of pain, acupuncture without relief, a back support, work restrictions, and medications including oral pain, topical pain, steroid, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (8-26-2015 report), the injured worker remains temporary partially disabled. The requested treatments included 8 visits of chiropractic therapy. On 9-21-2015, the original utilization review modified a request for chiropractic therapy 6 visits (original request for 8 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 8 visits:** 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 therapy of 8 visits. The UR doctor correctly modified the treatment to 6 visits approved. The request for treatment (8 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. After the patient has completed the UR doctor approved visits, the doctor must document objective functional improvement from these 6 treatments in order for the patient to receive more treatment.