

<b>Case Number:</b>	CM15-0023961		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Oriental Medicine

### 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 male, who sustained an industrial injury on 9/5/2006. The diagnoses have included lumbago, low back pain and lumbosacral disc degeneration. Treatment to date has included chiropractic manipulation and medication. According to the Primary Treating Physician's Progress Report dated 12/11/2014, the injured worker complained of lower back pain with radiation to the posterior leg and knee. He stated his pain was constant and that current pain medications were helping without side effects. He reported that chiropractic treatment in the past was very helpful to reduce pain and flare-up. Physical exam revealed a slightly antalgic gait. There was tenderness to palpation at the left sacroiliac (SI) joint and the left trochanteric bursa. Straight leg raising was positive on the left side. Current medications included Norco, Norflex and Relafen. Treatment plan was to continue current medications and have chiropractic treatments when needed for flare-up. Per the progress report dated 1/12/2015, the injured worker was seen for a pre-operative history and physical. He was scheduled for a lumbar epidural steroid injection (ESI). He presented with back pain rated 5/10 with medications. On 1/22/2015, Utilization Review (UR) modified a request for Chiropractic/Joint Mobilization three times a week for four weeks - bilateral low back area Manual Traction and Myofascial Release to a Trial of Six Sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic joint mobilization, bilateral low back area, manual traction and myofascial release, 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a trial of treatments approved recently. There is no documentation of functional improvement from the authorized chiropractic trial. The claimant also did have chiropractic in the past prior to the trial with subjective benefits with no documented objective functional improvement. Therefore, further chiropractic visits are not medically necessary.