

<b>Case Number:</b>	CM15-0213422		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 45 year old male who sustained a work-related injury on 7-30-13. He was being treated for lumbar sprain-strain, rule out displacement of lumbar intervertebral disc, and rule out radicular symptoms. Documentation on 8-18-15 revealed the injured worker had completed 7 previous chiropractic therapy sessions. The injured worker had pain and tenderness with palpation, restricted joint play, fixation and active trigger points at L2-5. Kemps, BLR and Milgram's increased his low back pain. Straight leg raise on the left increased his left leg pain by +2. Seated straight leg raise increased his left leg pain and his range of motion improved to 10 degrees from the floor with fingertips with flexion, extension increased to 20 degrees. On 9-17-15, he reported shocking pain in the left leg to mid hamstring and increased low back pain. Objective findings included pain and tenderness with palpation, restricted joint play, fixation and active trigger points at L3-5, and S1. Kemps test and BLR increased low back pain to an 8 on a 10-point scale rating. He had straight leg raise to 80 degrees with increased left leg pain. The treatment plan included two sessions of chiropractic therapy augmented with myofascial release, electrical muscle stimulation, moist heat and home exercise program. The documentation did not indicate specific functional improvement related to the previous chiropractic sessions. A request for additional chiropractic therapy of the lumbar spine for two sessions was received on 10-9-15. On 10-15-15, the Utilization Review physician determined chiropractic therapy of the lumbar spine for two sessions was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, lumbar spine, times 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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:** According to the records provided the patient has received 12 chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The pain levels and range of motion are not documented in the 2 progress reports provided. I find that the 2 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.