

<b>Case Number:</b>	CM15-0220107		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 31 year old, male who sustained a work related injury on 3-11-15. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-26-15, 9-9-15 and 9-18-15, the injured worker reports pain and tenderness of lower back pain into legs is "slightly better." This has not changed in the last several progress notes. He rates his pain level a 2-3 out of 10 with medications and a 6 out of 10 without medications. He has lumbar spasms. "Now patient is 50% better with chiropractic treatment and medication helping." Upon physical exam dated 9-18-15, he has pain, tenderness and swelling. He has decreased lumbar range of motion. Treatments have included greater than 12 chiropractic treatments and medications. Current medications include Omeprazole, Lidopro ointment, Hydrocodone, Diclofenac, and Cyclobenzaprine. He is not working. The treatment plan includes refilling medications and chiropractic treatment extension. The Request for Authorization dated 10-6-15 has request for additional chiropractic treatments x 10 sessions. In the Utilization Review dated 10-13-15, the requested treatment of chiropractic treatments 2 x 5 to lumbar spine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to the lumbar spine 2 times per week for 5 weeks, 10 sessions:**  
 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 10 sessions of chiropractic treatment to the lumbar spine 2 times per week for 5 weeks. The request for treatment (10 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary or appropriate.