

<b>Case Number:</b>	CM15-0033115		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 59 year old male, who sustained an industrial injury on 5/15/13. He has reported pain in the back and groin. The diagnoses have included lumbosacral neuritis, degenerative disc disease and lumbar strain. Treatment to date has included chiropractic treatments, epidural injections at L5-S1, physical therapy and oral medications. As of the PR2 dated 1/12/15, the injured worker reports mid line low back pain and 50-60% pain relief from epidural injections at L5-S1. The treating physician requested chiropractic treatments x 12 sessions. On 1/30/15 Utilization Review non-certified a request for chiropractic treatments x 12 sessions. The utilization review physician cited the MTUS chronic pain medical treatment guidelines. On 2/18/15, the injured worker submitted an application for IMR for review of chiropractic treatments x 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve chiro visits for the lumbar spine with Dr. Gerardo Contreras:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.