

<b>Case Number:</b>	CM15-0035517		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 43-year-old male with an industrial injury dated 05/03/2014, which resulted in injury to the low back. Diagnoses includes lumbar degenerative disc disease and stenosis, and lumbar herniated disc. Diagnostic testing has included a MRI of the lumbar spine (08/11/2014), and x-rays of the lumbar spine (12/05/2014). Previous treatments have included conservative measures, medications, injections, electrical stimulation, acupuncture, and physical therapy. A progress note dated 01/16/2015, reports constant moderated to severe low back pain, increased with movement and difficulty sleeping due to pain. The objective examination revealed tenderness to palpation of the left lumbar spine, pain with range of motion, hamstring tightness, and decreased sensation in the left lower extremity. The treating physician is requesting chiropractic therapy (2 times per week for 6 weeks) for the lumbar spine, which was denied by the utilization review. On 01/29/2015, Utilization Review non-certified a request for Chiropractic therapy (2 times per week for 6 weeks) for the lumbar spine, noting MTUS guidelines were cited. A modified plan of 6 visits was certified. On 02/25/2015, the injured worker submitted an application for IMR for review of Chiropractic therapy (3 times per week for 2 weeks) for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 6 weeks (12 sessions), lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 298-9.

**Decision rationale:** The 01/16/2015 request for Chiropractic care, 2x6 was for management of reported constant moderated to severe low back pain, increased with movement and difficulty sleeping due to pain. Previous treatments have included conservative measures, medications, injections, electrical stimulation, acupuncture, and physical therapy. UR recommended certification of care consistent with CAMTUS Chronic Treatment Guidelines for an initial trial of Chiropractic care, 6 sessions. The Appeal of 2/25/15 requested additional Chiropractic care 2x3 with providing clinical evidence of functional improvement following completion of the certified 6 sessions on 1/29/15. The UR determination of 1/29/15 was reasonable and consistent with CAMTUS Chronic Treatment Guidelines that support an initial trial of care, 6 sessions. The medical necessity to exceed these guidelines was not found in the reviews reports. Therefore, the request is not medically necessary.