

<b>Case Number:</b>	CM15-0042264		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	05/11/2001
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 63 year old male, who sustained an industrial injury on 5/11/2001. The mechanism of injury was not provided for review. The injured worker was diagnosed as having chronic lumbosacral sprain, thoracic-lumbar myofascitis and lumbar degenerative disc disease. Treatment to date has included physical therapy, chiropractic care, medial branch block and medication management. Currently, a progress note from the treating provider dated 12/17/2014 indicates the injured worker reported low back pain that radiated to the bilateral gluteal regions. Examination findings show 25% decrease in lumbar flexion, 50% decrease in lumbar extension, muscle guarding in the lumbosacral region, and positive minor's sign. Per a denial appeal dated 1/26/2015, the claimant had a flareup with new symptoms of radiating pain into the gluteal region, right worse than left. In addition there was a denial of medication that resulted in the escalation of symptoms. Per a PR-2 dated 2/4/2015, the claimant's lower back pain has worsened and chiropractic treatment is being requested. Medications and lumbar rhizotomy have been denied. Per a PR-2 dated 8/19/2014, the claimant has lower back pain and gradual worsening of posterior thigh pain. Provider is requesting a chiropractic session. Per a Pr-2 dated 9/4/2014, the claimant has low back pain with intermittent buttock pain and the provider is requesting one chiropractic session. Per a Pr-2 dated 9/23/2014, the claimant has increasing low back pain with buttock pain and the provider is requesting one chiropractic session. Per a Pr-2 dated 10/7/2014, the claimant has constant low back pain with frequent radiation buttock pain and the provider is requesting one chiropractic session. Per a PR-2 dated 11/20/2014, the claimant has had no treatment in two weeks. He had a medial branch block that had 100% pain relief for one day. The

provider is requesting one chiropractic treatment. Per a PR-2 dated 12/3/2014, the claimant has intermittent lower back pain radiating into bilateral gluteal region and is requesting one chiropractic visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: 1 Chiropractic manipulation visit (DOS: 12/17/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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. It is likely that the claimant had already exceeded the 24 visit maximum prior to this visit. The claimant has already had extensive chiropractic treatment with no documented functional improvement. It is unclear how many total chiropractic visits have been rendered or if the claimant is working. The provider repeatedly requests chiropractic treatments and the visit on 12/17/2014 do not appear to be a flare-up. Therefore, further chiropractic visits are not medically necessary.