

<b>Case Number:</b>	CM15-0045080		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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

### 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 53-year-old female who sustained a work related injury on November 1, 2012, incurring injuries to the lumbar spine, right shoulder and right foot and heel. She complained of headaches and gastrointestinal distress. Magnetic Resonance Imaging (MRI) of the spine revealed degenerative disc disease. She was diagnosed with bilateral elbow epicondylitis, lumbar and cervical radiculopathy. She underwent a carpal and cubital tunnel release. Treatments include home exercise program, physical therapy, anti-inflammatory drugs, and pain medications. Currently, the injured worker complained of lumbar spine pain sharp and radiating down both legs, with numbness and tingling. The treatment plan that was requested for authorization included chiropractic treatments twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of

Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic low back pain. Previous treatments include medications, physical therapy, and home exercise program. There are no prior chiropractic treatments records. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without demonstrating functional improvement with the trial visits, the request for 12 visits is not medically necessary.