

<b>Case Number:</b>	CM15-0049721		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 62-year-old male who sustained an industrial injury on 8/27/13. The injured worker reported symptoms in the back, buttock and lower extremities. The injured worker was diagnosed as having lumbar instability, lumbar disc, lumbar radiculitis, thoracic strain/sprain chronic, and thoracic pain. Treatments to date have included chiropractic treatments, transcutaneous electrical nerve stimulation unit, nonsteroidal anti-inflammatory drugs, and physical therapy. Currently, the injured worker complains of pain in the back, buttocks with radiation to the lower extremities. The plan of care was for chiropractic treatments and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Chiropractic Manipulation for the Lumbar Spine, 6 Sessions, as Outpatient:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/lowback>; Table 2 Low Back Disorders.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical 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." The claimant presented with chronic low back pain. Previous treatments include TENS unit, medications, physical therapy, and chiropractic. Reviewed of the available medical records showed he has completed 6 chiropractic visits, however, there are no evidences of objective functional improvement. Progress report dated 01/20/2015 and 02/26/2015 reported the same subjective findings and objective findings after the claimant completed 6 chiropractic visits. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.