

<b>Case Number:</b>	CM15-0052325		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/04/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Chiropractic

### 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 47 year old male who sustained an industrial injury on 5/4/95 after lifting a 5 gallon tub. He underwent lumbar discectomy (9/27/99) with residual lower back pain but improvement with numbness of the left leg pain. He is currently complaining of lower back pain with allodynia and inability to sleep. Medications are Prilosec, Lidocaine 5%, Ketoprofen 20% cream, Flexaril, Tramadol, Remeron, tharamine. Diagnoses include lumbar degenerative disease; lumbar radiculopathy. Treatments to date include H-wave, chiropractic therapy, medications. In the progress note dated 3/10/15 the treating provider requested 6 additional sessions of chiropractic treatments and notes prior sessions have been helpful. He noted improved range of motion of the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of additional chiropractic to the lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences / flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes and has documented improvements in range of motion, pain levels and activities of daily living with prior chiropractic treatment. The records provided by the primary treating physician show objective functional improvements with ongoing chiropractic treatments rendered and a reduction in dependency to prescription pain medication. Given this favorable response to repeat chiropractic care I find that the 6 additional chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.