

<b>Case Number:</b>	CM15-0053357		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old female who sustained an industrial injury on September 16, 2014. She has reported injury to the back and has been diagnosed with a 6 mm lumbar disc herniation, thoracic and lumbar myofascitis, and hyper exaggerated pain response with symptom magnification. Treatment has included medications, ice, heat, physical therapy, chiropractic care, and a TENS unit. Currently the injured worker complains of pain in the lower back going into the right knee that worsened with activity. The treatment plan included chiropractic care and functional improvement measurement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial consultation and chiropractic manipulation and adjunct procedures/modalities for back to include office visit new office visit manipulation 3 regions and hot cold pack therapy (frequency/duration not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for low back pain. The claimant has already had chiropractic treatments. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the claimant has had chiropractic care without improvement. This request for additional treatments is not medically necessary.

**Function improvement measurement with functional improvement measures using NIOSH testing (base line and every 30 days while undergoing treatment for back) to include physical performance test limb muscle test and cholinesterase challenge:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Functional improvement measures.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for low back pain. The claimant has already had chiropractic treatments. Functional improvement measures are recommended. Characteristics should include a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The requested measurement would be appropriate to measure the claimant's response to treatment in terms of documenting improvement as well as any plateau. However, the requested measure is intended for use during the proposed chiropractic treatment, which is not medically necessary. Therefore, this requested is also not medically necessary.