

<b>Case Number:</b>	CM15-0053553		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 55-year-old female, who sustained an industrial injury on 9/1/99. The injured worker was diagnosed as having post-surgical status, lumbar intervertebral disc, post lumbar spine and lumbar fact syndrome. Treatment to date has included chiropractic therapy, oral medications and (MRI) magnetic resonance imaging of lumbar spine. Currently, the injured worker complains of moderate frequent low back pain with radiation down left lower extremity with numbness and tingling and it is improved from previous evaluation. The injured worker states chiropractic manipulation has improved her functionality. Upon exam, tenderness is noted in the lumbar region bilaterally with trigger points in the erector spinae bilaterally. The treatment plan requested chiropractic treatments of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x a month for 3 months for the lumbar spine:** 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 58-59 Page(s): 58-59.

**Decision rationale:** The claimant presented with persistent low back pain despite previous treatment with medication, chiropractic and physiotherapy. According to progress report dated 02/05/2015, the claimant reported functional improvement with previous chiropractic treatment, however, her pain level increased, ROM and functionality decreased without treatment. There is no document of recent flare-up; and there is no therapeutic exercises program or home exercise program included in the treatment plan. Furthermore, the request for chiropractic treatment 2x a month for 3 months appear to be maintenance care while there is no lasting functional improvement is expected and no flare-up is reported. Based on the guidelines cited, the request for chiropractic treatments 2x a month for 3 months is not medically necessary.