

<b>Case Number:</b>	CM15-0054344		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/06/1993
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 48 year old male, who sustained an industrial injury on 10/06/1993. The injured worker is currently diagnosed as having lumbar post laminectomy syndrome. Treatment to date has included chiropractic treatment, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 01/21/2015, the injured worker presented with complaints of back pain. The treating physician reported requesting chiropractic treatment to continue. Per Utilization appeal the patient reported functional improvement with prior Chiropractic treatment. On 07/21/14, patient was taking 5mg of Norco 3 times/day and muscle relaxants 2-3X/day; as of 01/28/15, he was not taking pain medication or muscle relaxants. Pain has decreased from 7-8/10 to 4/10. He is able to sit longer, sleep longer, and walk for longer period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two times a week times four weeks for the lumbar spine:** Upheld

**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): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments. Provider requested additional 2X4 chiropractic sessions for lumbar spine which were non-certified by the utilization review. Per Utilization appeal the patient reported functional improvement with prior Chiropractic treatment. On 07/21/14, patient was taking 5mg of Norco 3 times/day and muscle relaxants 2-3X/day; as of 01/28/15, he was not taking pain medication or muscle relaxants. Pain has decreased from 7-8/10 to 4/10. He is able to sit longer, sleep longer, and walk for longer period of time. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam which were demonstrated in the letter. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.