

<b>Case Number:</b>	CM15-0057705		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 48 year old female, who sustained an industrial injury on 3/31/2012. Diagnoses have included herniated lumbar disc L3-L4, L4-L5 and L5-S1, retrolistheses L5-S1 with radiculopathy, left foot and ankle strain/sprain and left shoulder strain/sprain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, chiropractic treatment, and medication. According to the progress report dated 2/23/2015, the injured worker complained of pain in the lumbar spine, left hip and left shoulder. She stated that pain and symptoms were getting worse in the lumbar spine. Physical exam revealed that Lasegue's was equivocal on the right and positive on the left. There was facet joint tenderness at L3, L4 and L5 levels bilaterally. Authorization was requested for twelve chiropractic sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Therapy Sessions for the Lumbar Spine:** Upheld

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

**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 persistent low back pain. Reviewed of the available medical records showed she has had chiropractic treatment previously. However, total number of visits is unknown and treatment outcomes are unknown. In addition, the request for 12 chiropractic therapy sessions also exceeded MTUS guidelines recommendation for flare-up. Therefore, based on the guidelines cited, the request for 12 chiropractic sessions is not medically necessary.