

<b>Case Number:</b>	CM15-0058786		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/20/1998
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 was an 80-year-old female, who sustained an industrial injury, August 20, 1998. In November of 2012, the injured worker had a motor vehicle accident injuring the neck and a new injury to the back. The injured worker previously received the following treatments 6 sessions of chiropractic services, home exercise program and Ibuprofen. The injured worker was diagnosed with thoracic sprain/strain, lumbar strain/sprain, Myofascial pain syndrome, lumbar spine degenerative scoliosis and left leg radiculopathy. According to progress note of January 29, 2015, the injured workers chief complaint was lower back pain with radiation of pain down the left lower extremity. The injured workers symptoms were worsening. The injured worker was unable to walk at times due to low back and the radiation of [pain down the left lower extremity. The physician stated the injured worker had good relief with prior chiropractic services with decreased pain and increased function. The injured worker was able to participate in normal activities with decreased pain. The treatment plan included chiropractic treatments for the lumbar spine on January 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Treatments (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 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(s): 58-59.

**Decision rationale:** The claimant presented with worsening of low back pain. Reviewed of the available medical records showed she has had regular chiropractic treatment previously, 2-4 times a month since 06/2013 to 09/2014, total number of visits to date is unknown. Although the primary treating doctor report noted improvement with prior chiropractic treatments, on-going/maintenance care is not recommended by MTUS guidelines. The request for 6 chiropractic treatment also exceeded the guidelines recommendation for flare-up. Therefore, it is not medically necessary.