

<b>Case Number:</b>	CM15-0081584		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/03/1993
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 67 year old male who sustained an industrial injury on November 3, 1993. He has reported low back pain and has been diagnosed with chronic lumbar capsulitis acute flare up. Treatment has included chiropractic manipulation, light force myofascial release, electrical stimulation, and moist heat. Currently the injured worker complains of increased low back pain that radiates up the right leg with numbness. The treatment request included myofascial release, chiropractic manipulation, and electrical stimulation x 4 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial Release, Chiropractic manipulation, electric muscle stimulation x4 treatments over next 30-45 days for low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 4/15/15 denied the request for additional Chiropractic care with electric stimulation and myofascial release citing CAMTUS Chronic Treatment and ODG Treatment Guidelines. The reviewed documentation failed to support the medical necessity of the care requested with a report outlining the patients prior response of treatment and any new relevant findings supporting continuation of care. The medical necessity for continued Chiropractic treatment with modalities and myofascial treatment was not provided nor did the request meet the criteria for additional care per CAMTUS Treatment Guidelines. The request is not medically necessary.