

<b>Case Number:</b>	CM15-0081786		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 53 year old male, who sustained an industrial injury on January 5, 2013. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP). Treatment and diagnostic studies to date have included aqua therapy. A progress note dated March 18, 2015 provides the injured worker complains of low back pain with occasional radiation to right buttock and thigh. He reports aqua therapy was not very helpful and requests chiropractic treatment. He continues to work full duty. Physical exam notes lumbar tenderness on palpation and decreased range of motion (ROM). The plan includes chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the lumbar spine, 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute, Low Back, Lumbar and Thoracic, Acute and Chronic.

**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 chronic back pain that occasionally radiates into his right. Progress report dated 03/18/2015 by the treating doctor noted that his symptoms are tolerating with home exercise program as well as occasional anti-inflammatory medications. The claimant is working full duty. There is no report of recent flare-up. Thus, the claimant presented with ongoing back pain that is manageable with home exercise program, and there is no functional deficits. The request for 8 chiropractic visits also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.