

<b>Case Number:</b>	CM15-0083506		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 (IW) is a 43-year-old female who sustained an industrial injury on 02/23/2014. She reported low back pain with radiation to the right buttock, right thigh and right ankle with reduced range of motion and right sided paresthesias. The injured worker was diagnosed as having lumbosacral sprain/strain; lumbosacral neuritis or radiculitis; myalgia/myositis. Treatment to date has included medications, Acupuncture, transcutaneous electrical nerve stimulation (TENS) use, physical therapy, and home exercise program daily. Currently, the injured worker complains of low back pain described as a constant dull pain with radiation into the posterior thigh, right anterior thigh and right ankle, and foot that gets worse with prolonged static positions of rest, prolonged standing and walking, squatting, kneeling, and climbing up and down stairs. Muscle testing of the patient revealed 5/5 bilaterally for the T1-S1 dermatome levels. Pinwheel exam revealed a right-sided hypoesthesia at the L4-L5 dermatome levels. Lumbar range of motion is decreased with pain noted upon all planes to the lumbar spine. On 09/25/2014, the provider submitted a request for authorization for 12 Chiropractic/physiotherapy 2 x per week for a period of 6 weeks. The Utilization Review organization denied the request on 04/22/2015 citing the CA-MTUS ACOEM Chapter 12 Low Back Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic/physiotherapy 2 x per week for a period of 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. The MTUS chronic pain treatment guidelines, give the following recommendations regarding manipulation: "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."  
Page(s): 58.

**Decision rationale:** The medical necessity for the requested 12 treatments was not established. The claimant reportedly underwent a course of physical therapy that failed to resolve her complaints. The claimant underwent a chiropractic evaluation on 4/13/2015 that revealed ongoing lower back complaints, decreased range of motion and multiple positive orthopedic tests. A clinical trial of 6 chiropractic treatments could be considered appropriate and consistent with MTUS guidelines. However, the request is for 12 treatments at 2 times per week for 6 weeks. This request is in excess of MTUS and is therefore, not medically necessary.