

<b>Case Number:</b>	CM15-0084425		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	06/12/2015	<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 is a 63 year old female, who sustained an industrial injury on 11/12/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included chiropractic, physical therapy, medications, injections, and MRIs. Per the supplemental QME report dated 03/01/2015, there were no complaints listed. However, it was noted that there seemed to be diffuse wear and bulging disc changes in the neck and low back which appeared to be chronic and age related. There were no listed diagnoses. The request for authorization (per the IMR application and the utilization review letter) included 4 sessions of chiropractic manipulation for the lumbar spine.

### 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, 4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**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 low back pain. According to the available medical records previous chiropractic treatment did not help with the her symptoms, there was no functional improvement, and the claimant ended up with pain management that include trigger point injections and epidural injections. Based on the guidelines cited, the request for further chiropractic treatment is not medically necessary.