

<b>Case Number:</b>	CM15-0085304		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, Minnesota  
 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 35 year old female, who sustained an industrial injury on 4/15/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included urine toxicology, an unspecified amount of chiropractic, acupuncture, extracorporeal shockwave therapy, and medications. Currently (most recent full progress report 2/07/2015), the injured worker complains of cervical spine being "a little bit better", lumbar spine with "lots of fatigue all the time", and left shoulder pain unchanged with popping and clicking. Exam of the lumbar spine revealed limited range of motion. The treatment plan included continuance of conservative chiropractic care. Therapy notes documented constant complaints of pain. The PR2 report, dated 3/12/2015, noted that the injured worker was to remain off work. Urine drug screen (4/10/2015) was only positive for Lorazepam and current medication regime was not noted. The treatment plan included additional chiropractic (3x4) for the lumbar spine. The progress notes submitted did not detail medication use, pain levels, or subjective/objective improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic three times four for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic 3 times per week for 4 weeks or 12 visits without giving the amount of visits used so far for this flare-up. Also the doctor needs to document objective functional improvement from the previous visits. The request for chiropractic care is not according to the above guidelines and therefore the treatment is not medically necessary.