

<b>Case Number:</b>	CM15-0088329		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Chiropractic

### 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 57 year old male, who sustained an industrial injury on March 2, 2001. He reported increased lumbosacral pain. The injured worker was diagnosed as having chronic lumbosacral sprain/strain, lumbar intervertebral disc displacement, and sciatica with acute exacerbation. The injured worker has had prior treatment with chiropractic therapy, which included spinal manipulation, massage therapy, manual traction, and trigger point therapy. Other treatment to date has included aquatic therapy, physical therapy, a home exercise program, ice, and heat. On April 27, 2-15, the injured worker complains of increased low back pain after feeling a snap in the low back. Associated symptoms included pain radiated into the right foot and toes, inability to bend at the waist, and inability to sit for prolonged periods of time. The physical exam revealed an antalgic posture with a left-sides shift of the lumbar spine, grade 2-3 tenderness to palpation and muscle spasm of the lumbosacral paraspinal muscles with active trigger points, limited range of motion, and subluxation hypomobility at lumbar 4-5 and sacral 1 and the right sacroiliac. The treatment plan includes 4 chiropractic sessions to include spinal manipulation, massage therapy and trigger point therapy. The UR reviewer has modified the request and approved 2 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 chiropractic sessions to include spinal manipulation, massage therapy and trigger point therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Massage therapy. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Academy for Chiropractic Education.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for his low back injury. In this instance, 4 additional sessions have been requested to the lumbar spine. The carrier has approved 2. The three chiropractic progress reports have been reviewed in the records provided. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. The UR department has already approved 2 sessions per The MTUS Guidelines. I find that the 4 additional chiropractic sessions requested to the lumbar spine is not medically necessary or appropriate.