

<b>Case Number:</b>	CM15-0089660		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old female sustained an industrial injury to the low back on 1/20/14. Previous treatment included physical therapy, chiropractic therapy, acupuncture, trigger point injections and medications. Documentation did not disclose the amount of previous therapy. Magnetic resonance imaging lumbar spine (1/26/11) showed disc desiccation at L4-5 with disc bulge, mild stenosis and facet arthrosis. Electromyography/nerve conduction velocity test bilateral lower extremity (5/11/12) was unremarkable. In a PR-2 dated 4/15/15, the injured worker complained of persistent back and gluteal pain with radiation to the right lower extremity associated with numbness. The injured worker reported getting major relief from previous chiropractic therapy, some relief from acupuncture and no relief from physical therapy. The injured worker was not working because her former employer did not offer modified duty. Current diagnoses included lumbar spine spondylosis without myelopathy and lumbar spine degenerative disc disease. The treatment plan included chiropractic therapy for the low back and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to chiropractic medicine x12 sessions for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); pg 298-9; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 4/24/15 denied the request for Chiropractic treatment, 12 sessions citing CAMTUS Chronic Treatment Guidelines. The patients past medical history of treatment did reflect prior Chiropractic care with evidence of functional improvement sufficient for the consideration of additional care. The reviewed medical records did not support the medical necessity for the requested 12 additional sessions of Chiropractic care or comply with referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.