

<b>Case Number:</b>	CM15-0089840		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/23/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 27-year-old female injured worker suffered an industrial injury on 09/01/2014. The diagnoses included lumbago and lumbar disc displacement. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with physical therapy, chiropractic therapy and medications. On 4/15/2015, the treating provider reported low back pain radiating to the legs even after physical therapy with pain rated 5/10. On exam, there is gait impairment with decreased range of motion of the lumbar spine along with tenderness to the muscles. The straight leg raise was positive. The treatment plan included Chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic (unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Chiropractic treatment for neck or low back pain; ODG - Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. Prior treatments have included medications, physical therapy, and chiropractic care. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was paraspinal muscle tenderness and an antalgic gait. Authorization for 12 sessions of chiropractic adjustments was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.