

<b>Case Number:</b>	CM15-0230795		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	08/26/1993
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 55 year old male, who sustained an industrial injury on 8-26-1993. The injured worker was diagnosed as having sprain of other parts of lumbar spine and pelvis (initial encounter), lumbosacral radiculopathy, lumbosacral spinal instabilities, and segmental and somatic dysfunction of lumbar region. Treatment to date has included unspecified chiropractic. On 10-20-2015, the injured worker complains of "increased lower back pain for two weeks which failed to respond to a home regimen of stretching, ice, and rest". He also reported intermittent numbness of his toes, particularly the left second toe. Complaints were consistent for at least the past year and pain was not rated. Function with activities of daily living was not described. Exam noted positive Kemp's test bilaterally, positive Goldthwaite's test bilaterally, positive Ely's test on the right, spasm of the lumbosacral musculature, and decreased lumbar range of motion. He was permanent and stationary since 1994 and his work status was "permanently disabled as of 04-17-15". Current medication regimen was not noted. The treatment plan included 6 additional visits of chiropractic to treat flare-up. Previous chiropractic progress reports were not submitted. On 10-28-2015 Utilization Review non-certified a request for manipulation, lumbosacral spine x6, per 10-20-2015 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation, lumbosacral spine Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date since 1993 are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review show minor objective functional improvement with past chiropractic care rendered, per MTUS definitions. The lumbar range of motion in different planes has improved by 5%. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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." There has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed however the 6 sessions requested far exceed The MTUS and ODG recommended number for flare-ups. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.