

<b>Case Number:</b>	CM14-0049616		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/20/1997
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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: Physical Medicine & Rehabilitation

### 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 54-year-old female who sustained an industrial injury on 11/20/1997. She has low back pain. Diagnoses include degeneration of lumbar intervertebral disc, chronic lumbar sprain and strain, and lumbar radiculitis. Treatment to date has included diagnostic studies, medications, physical therapy, and chiropractic sessions. A physician progress note dated 03/05/2014 documents the injured worker complains of center low mid-back and low back pain and spasm. She presented for an acute flare of her low back injuries. Lumbar flexion- she bends 21 inches from the floor. Standing Kemps maneuver increased her low back, and left buttock and posterior thigh pain and spasm. With palpation of the injured worker's thoracic and lumbar spine there is spastic lower thoracic/lumbar paraspinals muscles. It was noted the injured worker does well with conservative treatment. Treatment requested is for 2 sessions of chiropractic manipulation to include myofascial release, electrical stimulation, and traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 sessions of chiropractic manipulation to include myofascial release, electrical stimulation, and traction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulator (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The 2 sessions of chiropractic manipulation to include myofascial release, electrical stimulation, and traction is not medically necessary and appropriate.