

<b>Case Number:</b>	CM15-0003745		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 August 26, 2003. The diagnoses have included lumbosacral sprain/strain, L4-L5 and L5-S1 disc protrusion with neuroforaminal narrowing, lumbar radiculitis, and right wrist pain with recent flare-up, and tear of triangular fibrocartilage complex and dorsal capsular impingement with complex dorsal ganglion on MRI study of right wrist. Treatment to date has included chiropractic treatments, and medications. Currently, the injured worker complains of severe and intractable low back pain with radiculopathy, and right wrist pain. The Pain Management Physician's report dated October 2, 2014, noted the injured worker relied on his medications to help with pain and stay functional, currently having severe flare-ups and decline in overall daily activities. Physical examination was noted to show diffuse tenderness to palpation over the L4-L5 and L5-S1 lumbar interspaces, with muscle spasm and guarding over the bilateral erector spinae muscles and gluteus maximus region. On December 18, 2014, Utilization Review non-certified eight sessions of chiropractic treatments for the low back, noting the injured worker had previous chiropractic treatment with no clear objective evidence of functional improvement, and no clear change from baseline status, with medical necessity not established, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Preface, Physical Therapy. On January 8, 2015, the injured worker submitted an application for IMR for review of eight sessions of chiropractic treatments for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Chiropractic Treatment for the Low Back between 12/15/2014 and 1/29/2015:**  
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 9792.20-9792.26.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 6-8 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 8 sessions of Chiropractic treatment for the low back between 12/15/2014 and 01/29/15. 8 sessions of chiropractic treatment over 6 weeks is not according to the above guidelines and therefore the treatment is not medically necessary. Also the doctor must show objective functional improvement with the prior treatment the patient has received in order to receive more approved treatment.