

<b>Case Number:</b>	CM15-0012817		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: 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 33 year old female, who sustained an industrial injury on 5/26/14 .She has reported back injury while lifting a patient to wheelchair. The diagnoses have included sciatica, muscle spasm of back, lumbar strain/sprain, lumbar disc herniation and right leg radiculopathy. Treatment to date has included medications, diagnostics physical therapy and chiropractic 12 sessions. Currently, the injured worker complains of back pain with right lower extremity tingling. The pain is moderate to severe and the symptoms are exacerbated by all movements. The back pain radiates to right lower extremity and she complains of limited back motion. Physical exam revealed pain was rated 8/10 and gait is normal. The range of motion in the back is restricted and the straight leg raising test was positive. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6/22/14 revealed disc protrusion, partial effacement of the nerve root, severe stenosis, bilateral facet arthropathy, and degenerative disc disease. The injured worker has had previous chiropractic with some relief and previous physical therapy which aggravated the pain. Treatment was to continue medications, Home Exercise Program (HEP), additional chiropractic and surgical orthopedic consult. On 12/22/14 Utilization Review non-certified a request for 12 additional Chiropractic Manipulation Treatment, noting the Chiropractic Manipulation is unlikely to provide any significant therapeutic benefits at this point. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chiropractic treatment for neck or low back pain

**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. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date, but appears to have received at least 12 sessions. 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 functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic Manipulation Treatment is not medically necessary and appropriate.