

<b>Case Number:</b>	CM15-0016520		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/25/2005
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 58 year old male who sustained an industrial injury reported on 4/25/2005. He has reported intermittent, moderate low back pain. The diagnoses have included lumbar 1-2 annular tear with tiny focal protrusion on the right; lumbar 4-5 broad based posterior disc bulge without stenosis or protrusion; multi-level degenerative disc disease with foraminal narrowing and facet arthropathy; and lumbosacral sprain with sciatic neuralgia. Treatments to date have included consultations; diagnostic imaging studies; successful chiropractic treatments; and medication management. The work status classification for this injured worker (IW) was noted to be back to be off work until 1/31/2015. On 1/7/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/30/2014, for additional chiropractic therapy, 2 x a week x 2 weeks, then 1 x a week x 2 weeks, (total of 6 sessions), for the lumbosacral area. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, functional improvement; manual therapy and manipulation, low back; and American College of Occupational and Environmental Medicine, occupational medicine practice guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2 times a week for 2 weeks, then 1 time a week for 2 weeks to the Lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): (s) 108, 111, 115, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): (s) 127, 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter/MTUS Definitions Page 1

**Decision rationale:** The patient has received prior chiropractic care sessions for his low back injury. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The PTP describes improvements with treatment and provides objective measurements with ongoing chiropractic care. The Range of motion has increased, pain levels decreased and activities of daily living improved as documented by the treating chiropractor. The records provided by the primary treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.