

<b>Case Number:</b>	CM15-0016877		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 47 year old male, who sustained an industrial injury on 03/16/2011. He has reported low back pain. The diagnoses have included lumbosacral sprain with associated sciatic neuritis, thoracic sprain, bilateral knee sprain, and calcaneous fracture. Treatment to date has included medications, chiropractic treatment, and physical therapy. Medications have included anti-inflammatories. Currently, the injured worker complains of frequent low back pain with 25% improvement; treatment has enabled him to bend and lift easier at work with less pain; and moderate stiffness with all movement. A treating physician's progress note, dated 01/12/2015, reported objective findings to include improved lumbar lateral flexion; and slight bilateral quadrilateral and gluteus myospasms with joint fixation at L4-S1. The plan of treatment includes recommending additional chiropractic therapy to restore joint mobility and spinal alignment, improve range of motion, and decrease pain; and follow-up evaluation in one month. On 01/28/2015 Utilization Review noncertified 8 sessions Chiropractic Therapy (2x4 weeks). The CA MTUS, ACOEM and the ODG were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of 8 sessions Chiropractic Therapy (2x4 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions Chiropractic Therapy (2x4weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301,150. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low 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 some Improvements with treatment but no objective measurements are listed. The range of motion is documented to be improved in flexion. Range of motion in other planes are not recorded. Pain intensities are not documented. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.