

<b>Case Number:</b>	CM15-0019114		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/28/1995
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 54 year old female, who sustained an industrial injury on 03/28/1995. She has reported pain in the low back. The diagnoses have included lumbar post laminectomy syndrome; and chronic fibromyotitis. Treatments have included medications and chiropractic therapy. Currently, the IW complains of her low back being very sore and it is hard to move in the mornings. A progress note from the treating physician, dated 01/14/2015, reported objective findings to include lumbar spine ranges of motion are 50% of normal with pain at end range at right L4-S1; Bechterew's is positive on the right; straight leg raise is 20 degrees on the right; and right foot drop and Kemp's test is positive on the right. The treatment plan included home care stretching and strengthening exercise to optimize functional recovery and maximize self-reliance; and second opinion on low back. On 01/28/2015 Utilization Review noncertified a prescription for Myofascial Release, Manipulation, Traction Mechanical, Eval to Lumbar Spine x 5, date of service 12/17/14 to 1/14/15. The CA MTUS was cited. On 02/03/2015, the injured worker submitted an application for Myofascial Release, Manipulation, Traction Mechanical, Eval to Lumbar Spine x 5, date of service 12/17/14 to 1/14/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofasciatal Release, Manipulation, Traction Mechanical, Eval To Lumbar Spine x5, date of service 12/17/14 to 1/14/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 for his low back injury. The patient is status post lumbar laminectomy. The date of the surgery has not been provided in the records. 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 "50%" of normal in each of the 4 PR2 reports submitted for review. There is no improvement with the prior chiropractic care rendered, per the records provided. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 5 retroactive chiropractic sessions requested to the lumbar spine to include myofascial release, manipulation, mechanical traction and eval to not be medically necessary and appropriate.