

<b>Case Number:</b>	CM15-0116100		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 49 year old female, who sustained an industrial injury on 3/3/15. She has reported initial complaints of a back injury. The diagnoses have included lumbago, lumbosacral sprain, depression and anxiety. Treatment to date has included 6 sessions of physical therapy, medications, psychiatric, and home exercise program (HEP). Currently, as per the physician progress note initial physical medicine and rehabilitation evaluation dated 5/27/15, the injured worker complains of low back pain. There are complaints of numbness and tingling in legs and feet. She reports pain in the buttocks and sleep disturbance. She states that she is not improving with the treatment that has been done. She reports headaches, history of asthma, numbness and tingling in the right hand and feet, depression, anxiety and problems sleeping. The exam of the lumbar spine reveals tenderness to palpation, and there is decreased range of motion in forward flexion and extension. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/20/15 that reveals degenerative changes, disc herniation, and disc bulges. The physician requested treatment included Outpatient chiropractic evaluation and treatment to the low back two (2) times a week for four (4) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chiropractic evaluation and treatment to the low back two (2) times a week for four (4) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The claimant presented with ongoing low back pain despite previous treatments with medications, physical therapy, psychiatric, and home exercises. There is not records of prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for low back pain, the request is for 8 visits which exceeds the guidelines recommendation. Therefore, the request is not medically necessary.