

<b>Case Number:</b>	CM15-0117281		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on 6/26/2014. Diagnoses have included myofascial syndrome, lumbar discopathy and thoracic radiculitis. Treatment to date has included physiotherapy, chiropractic treatment and medication. According to the progress report dated 5/12/2015, the injured worker complained of mild to moderate, intermittent, spastic, cramping and constricting pain in the mid back, more right sided at T9 through T6 levels. There was exquisite tenderness on those spinal levels. Pain was relieved following therapy. Thoracic spine pain was rated 8/10. She also complained of intermittent flare-ups of low back pain rated 6/10. Objective findings revealed mild/minimal decreased range of motion of the lumbar spine secondary to pain, inflammation and spasm. There was moderately decreased range of motion of the thoracic spine secondary to pain, inflammation and spasm. It was noted that all procured treatments appeared to provide short-term relief. Authorization was requested for chiropractic treatment for the lumbar spine. Patient sustained the injury due to lifting a sea lion cage. The medication list includes Anaprox, Prilosec, Hydrocodone, and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Chiropractic session for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

**Decision rationale:** Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic". In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits". Patient has received an unspecified number of PT and chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for 1 Chiropractic session for the lumbar spine is not medically necessary or fully established for this patient.