

<b>Case Number:</b>	CM15-0117524		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 43 year old male, who sustained an industrial injury on 04/17/1995. Medical records provided by the treating chiropractor did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having plantar fasciitis, myofascial pain syndrome, lumbalgia, subluxation of the sacroiliac joint. Treatment and diagnostic studies to date has included at least nine sessions of chiropractic therapy, use of orthotics, multiple injections to the heel, status post left great toe fusion, home exercise program, and use of a foam roller. In a progress note dated 04/30/2015 the treating physician reports improvement in symptoms of the foot, complaints of bilateral calf stiffness and back stiffness. The treating chiropractor also noted that recent injection provided to the injured worker 2 days ago has blocked the injured worker's pain. Physical examination reveals positive heel right foot pain and low back pain, mild thoracic paraspinal muscle hypertonicity with guarding, bilateral hip hypertonicity, decreased bilateral hip strength, hypertonic bilateral medial gastro/soleus complex, and muscle tension of the right popliteus. The treating chiropractor requested 12 sessions of chiropractic therapy to the lumbar spine with the treating chiropractor noting an 80% improvement in back stiffness post treatment on 04/30/2015. The chiropractor also noted that the injured worker's stiffness improved post prior treatment but notes that the injured worker's symptoms return secondary to daily activities of training and sitting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Chiropractic treatments to the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 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 treatment with chiropractic and home exercises. Reviewed of the available medical records showed the claimant has completed 9 chiropractic visits out of 12 authorized visits. Treating doctor progress report noted improvement with chiropractic treatment, however, symptom returned with activities. In addition, the request for additional 12 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.