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| <b>Case Number:</b>   | CM15-0121894 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 06/23/2014 |
| <b>Decision Date:</b> | 09/25/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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, Minnesota  
 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 39 year old female, who sustained an industrial injury on 06-23-2014. She has reported injury to the low back. The diagnoses have included low back pain; lumbosacral sprain and strain; lumbar radiculopathy; and lumbosacral spondylosis. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Tramadol, Orphenadrine, Naproxen, Norco, Nortriptyline, Gabapentin, Ibuprofen, and Acetaminophen. A progress report from the treating physician, dated 04-22-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of intermittent, frequent, minimal to moderate low back pain; she can be one day without pain, but it is not usual; she has good and bad days and at times it feels she is ok; the pain is of a burning nature; she takes Tramadol with some help, more than the Ibuprofen; and she feels that further treatment may continue to benefit her. Objective findings included paravertebral muscle spasms and tenderness in the low back; tenderness in the left sacroiliac; lumbar range of motion is decreased; flexion is approximately 10 inches away from the floor, with low back pain rated at 6 out of 10 in intensity; extension is decreased, with low back pain rated at 6 out of 10 in intensity; and right rotation is within normal limitations. The treatment plan has included the request for chiropractic treatment 2xWk x 6Wks (evaluation-management, manipulation, electrical muscle stimulation, intersegmental traction, x-rays), quantity: 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2xWk x 6Wks (Evaluation/Management, Manipulation, Electrical Muscle Stimulation, Intersegmental Traction, X-rays), QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic treatment 2 times per week for 6 weeks or 12 visits to the low back to include evaluation/management, manipulation, EMS, intersegmental traction, & x-rays. The UR doctor correctly modified the visits to 6 visits per the above guidelines. The requested treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. After the doctor has used the 6 UR doctor approved visits on the patient, the doctor must show documented objective functional improvement from these visits in order to receive more visits for the patient.