

<b>Case Number:</b>	CM15-0124212		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/16/2015
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 36 year old male, who sustained an industrial injury on 2/16/15. He has reported initial complaints of a low back injury. The diagnoses have included lumbar radiculitis, lumbar spine strain/sprain and stress, anxiety and depression. Treatment to date has included medications, activity modifications, diagnostics and acupuncture and physical therapy. Currently, as per the physician progress note dated 5/15/15, the injured worker complains of constant low back pain, reduced range of motion, painful movement and pain that radiates down the coccyx and right foot with numbness noted. The objective findings reveal that the lumbar spine has tenderness to palpation, limited range of motion and bilateral hamstring tightness. She also reports stress, anxiety and depression. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays of the lumbar spine. There is previous physical therapy and acupuncture sessions were noted. The physician requested treatment included Chiropractic therapy for the lumbar spine area (12 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for the lumbar spine area (12 visits):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298.

**Decision rationale:** The denial letter indicates that the claimant "has had chiropractic sessions for the low-back". However, a review of the submitted documentation revealed no evidence of prior chiropractic treatment. The prior documentation indicates that the claimant did receive 6 sessions of physical therapy treatment. The doctors 1st report from 4/3/2015 with [REDACTED] indicated that the claimant received 6 sessions of physical therapy at [REDACTED] "which did not help". There was no documentation of any chiropractic treatment. The request was for acupuncture and physical therapy. The requested 6 acupuncture treatments were certified while the requested 12 physical therapy treatments were noncertified. At the time of the 5/15/2015 evaluation the claimant had not received any chiropractic treatment. The rationale for denial that the claimant had received chiropractic treatment prior to this request is not supported. As noted above, the claimant had not received any chiropractic treatment. ACOEM guidelines chapter 12, page 298 indicates that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." Page 299 indicates that "if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated." A clinical trial of chiropractic treatment could be considered appropriate. The original injury was from October 2014; however, on 2/16/2015 the claimant was loading loose freight when he sustained an injury to his lower back. That is when the claimant presented to [REDACTED] and was provided 6 physical therapy treatments. Given the presenting complaints on 5/15/2015 the requested 12 treatments can be considered medically necessary and appropriate.