

<b>Case Number:</b>	CM15-0124876		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/22/2015
<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 57 year old female, who sustained an industrial injury on 3/26/2009. The records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include lumbar spine strain/sprain and late effect of strain/sprain. The records submitted for this review included a physician letter of medical necessity dated 4/8/2015. The letter indicated complaint of back pain with current flare up and re-aggravation of symptoms. On an unknown date of physical evaluation, the physician documented that the physical evaluation revealed palpable "chronic myofascial trigger points". The plan of care included twelve additional chiropractic treatments to treat the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care x 12:** 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(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, "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 and recurrent flare-ups. Reviewed of the available medical records showed she had been treated with chiropractic care on an as needed basis. However, total number of visits completed to date is unclear and there are no evidences of objective functional improvement. While evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, ongoing maintenance care are not recommended. Therefore, the request for additional 12 chiropractic treatments exceeded the guidelines recommendation and is not medically necessary.