

<b>Case Number:</b>	CM15-0127497		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 50 year old male, who sustained an industrial injury on 10/16/2011. Diagnoses include neuritis/radiculitis thoracic/lumbosacral and degeneration of the lumbar spine. Treatment to date has included surgical intervention of the right shoulder as well as conservative measures including diagnostics and unspecified pain medication. Per the Primary Treating Physician's Progress Report dated 6/09/2015, the injured worker reported discomfort in his lumbar, left sacroiliac, right sacroiliac, right foot, left foot, left ankle, left calf, left posterior knee, left posterior leg, left buttock, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right anterior leg and left anterior leg. Physical examination of the lumbar spine revealed decreased ranges of motion in all planes. There was pain upon active range of motion. Kemp's test was positive bilaterally. The plan of care included chiropractic care and authorization was requested for chiropractic exam manipulation therapy (3x8).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times a week for 8 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to 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 chronic low back pain and discomfort in bilateral lower extremities. Review of the available medical records showed no history of chiropractic treatments. Although evidence based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvements with the trial visits, the request for 18 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.