

Case Number:	CM15-0128041		
Date Assigned:	07/15/2015	Date of Injury:	08/28/2006
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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, Oriental Medicine

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 53 year old male, who sustained an industrial injury on 8/28/2006. The mechanism of injury was from cumulative injury. The injured worker was diagnosed as having thoracic and lumbar sprain/strain and lumbar stenosis. Lumbar magnetic resonance imaging showed multilevel disc protrusion and facet arthropathy. Treatment to date has included injections, therapy and medication management. In a progress note dated 6/1/2015, the injured worker complains of low back pain, radiating to the right calf and left buttock and thigh. Physical examination showed thoracic, lumbosacral and right gluteal tenderness and guarding. The treating physician is requesting 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services with exercises, modalities, manipulation and myofascial release
2 times a week for 3 weeks: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Massage Therapy Page(s): 58 to 60.

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

Decision rationale: The UR determination of 6/18/15 denied the request for Chiropractic care, 6 sessions to the patient's thoraco-lumbar spine citing CA MTUS Chronic Treatment Guidelines. The reviewed medical reports identified a patient with a 9 year history of lower back pain with no recent clinical evidence to support a recent flare or exacerbation where additional spinal deficits were identified supporting a request for Chiropractic management. The medical necessity to initiate a trial of care, 6 sessions of manipulative management of the patient lower back was not supported by the medical records or referenced CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.