

<b>Case Number:</b>	CM15-0129158		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 28 year old female, who sustained an industrial injury on 1/7/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic myofascial sprain/strain of the lumbosacral spine, lumbosacral degenerative disc disease, rule out lumbar 5-sacral 1 radiculopathy and positive magnetic resonance imaging. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of low back pain radiating to the right lower extremity, rated 9/10. Physical examination showed restricted and painful range of motion. The treating physician is requesting 6 chiropractic care sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 6 sessions, Lumbar Spine:** 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 6/3/15 denied the request for additional Chiropractic care, 6 sessions to the patients lower back citing CA-MTUS Chronic Treatment Guidelines. The 5/5/15 report from the requesting provider documented examination findings in the lower back with continuing 9/10 VAS despite the recent application of 6 Chiropractic visits. The medical necessity for additional Chiropractic care, 6 sessions was not supported by objective evidence of functional improvement or compliance with CA-MTUS Chronic Treatment Guideline protocol for consideration of additional care. The request is not medically necessary.