

<b>Case Number:</b>	CM15-0129662		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 57 year old female who sustained an industrial injury on 03/03/2011 from sweeping and mopping. The injured worker was diagnosed with lumbar spinal stenosis. Treatment to date has included diagnostic testing, chiropractic therapy (6 sessions completed) and medications. No surgical interventions were documented. According to the primary treating physician's progress report on May 29, 2015, the injured worker continues to improve with chiropractic therapy and medications. Evaluation noted normal posture and gait. Range of motion of her back creates discomfort in flexion and extension. Straight leg raise is positive for back pain bilaterally. Motor strength, sensation and deep tendon reflexes were intact. The hip examination demonstrated full passive and active range of motion. Current medication is Relafen. The injured worker is working without restrictions. Treatment plan consists of continue with Relafen and the current request for additional chiropractic therapy twice a week for 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional chiropractic two (2) times a week for four (4) weeks for the lumbar:**

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 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; pages 58/59: manual therapy and manipulation.

**Decision rationale:** The UR determination of 6/5/15 denied the request for additional Chiropractic treatment, 8 visits or 2x4 to the patients lumbar spine, citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of Chiropractic care, 6 sessions to the lower back with the requesting provider failing to document any signification functional gains despite a report of slight pain modification. The medical necessity for additional Chiropractic care, 8 sessions or 2x4 to the patient's lower back was not supported by reviewed records or the CAMTUS Chronic Treatment Guidelines.