

<b>Case Number:</b>	CM15-0137252		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Minnesota  
 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:

This injured worker is a 40 year old female who reported an industrial injury on 4-27-2015. Her diagnoses, and or impressions, were noted to include: acute sprain-strain of the lumbosacral - condition improved; and thoracic-lumbosacral neuritis-radiculitis - condition improved. No current imaging studies were noted. Her treatments were noted to include: chiropractic treatments (1-2 manipulations per session, x 3 noted session in early - mid May, 2015); activity modifications; a back brace; medication management; and rest from work before a return to modified work duties in June 2015. The progress notes of 5-22-2015 reported: intermittent lower back pain, rated 5 out of 10, that radiated down the right leg-knee, and was aggravated by movement and use. The objective findings were noted to include: moderate distress; tenderness to the bilateral lumbar, sacral and mid-line spine, with decreased lumbar range-of-motion. The physician's requests for treatment were noted to include a consultation with a qualified chiropractor, 2 x a week x 3 weeks. No Progress notes for additional chiropractic treatments was noted in the medical records provided, and no Request for Authorization for 6 retrospective, additional outpatient chiropractic sessions of the lumbar spine, 2 x a week for 3 weeks was noted in the medical records provided. The Utilization Review of 7-9-2015 non-certified 6 retrospective, additional outpatient chiropractic sessions of the lumbar spine, 2 x a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective additional chiropractic 6 sessions for the lumbar spine, 2 times a week for 3 weeks (starting 5/26/15) as an outpatient: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor is requesting retrospective 6 chiropractic sessions 2 times per week for 3 weeks for the lumbar spine. The patient was returned to work on modified duty in June 2015 which shows objective functional improvement from these 6 treatments. The request for treatment (6 visits) is according to the above guidelines (6 visits) with objective functional improvement of return to work and therefore the treatment is medically necessary and appropriate.