

<b>Case Number:</b>	CM15-0172503		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, 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 42-year-old female, with a reported date of injury of 11-14-2014. The diagnoses include lumbar spine sprain and strain. Treatments and evaluation to date have included Ketoprofen cream, Ibuprofen (mild relief), and LidoPro topical ointment (minimal relief). The diagnostic studies to date have included electrodiagnostic studies of the lower extremities on 03-16-2015 with normal findings. The progress report dated 07-30-2015 indicates that the injured worker presented with lower back and left shoulder complaints. There was documentation that the injured worker had not had an MRI or CT scan. She rated her low back pain 7-8 out of 10. On 06-18-2015, the injured worker rated her low back pain 6-7 out of 10. The low back pain radiated constant weakness and intermittent numbness and sharp, stabbing pain into his bilateral lower extremities, worse on the left than the right. The physical examination of the lumbar spine (06-18-2015 to 07-30-2015) showed diffuse tenderness to palpation; normal heel and toe walk; no acute distress; decreased range of motion; decreased sensation in the left L5 dermatome to light touch; and negative straight leg raise test; however, it was limited to 70 degrees. The treating physician noted that "the patient has had no conservative treatment..." The treatment plan included a trial of chiropractic care two times a week for four weeks for the lumbar spine. The injured worker's disability status was noted as usual and customary occupation. The request for authorization was dated 07-30-2015. The treating physician requested 8 chiropractic treatments two times a week for four weeks for the lumbar spine. On 08-20-2015, Utilization Review (UR) modified the request for 8 chiropractic

treatments two times a week for four weeks for the lumbar spine to 6 chiropractic treatments 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 2 times a week for 4 weeks lumbar:** Upheld

**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:** The utilization review document of August 19, 2015 denied the treatment request for 12 acupuncture visits to the patient's lumbar spine citing CA MTUS chronic treatment guidelines. The reviewed medical records documented functional deficits in the lower back addressed as range of motion loss and decreased lower extremity dermatomes. The UR determination supported the use of manual therapy but the 12 sessions requested exceeded CA MTUS treatment guidelines. The reviewed medical records supports the use of manual therapy consistent with CA MTUS treatment guidelines that recommend an initial trial of six sessions followed by clinical evidence of functional improvement should additional treatment be requested. The request for 12 sessions of chiropractic care to the lumbar spine was not consistent with CA MTUS chronic treatment guidelines. Therefore, the request is not medically necessary.