

<b>Case Number:</b>	CM15-0174918		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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

### 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 45 year old male, who sustained an industrial injury on 11-15-10. Medical record indicated the injured worker is undergoing treatment for cervical discogenic pain, lumbar discogenic pain and history of lumbar spine surgery. Treatment to date has included physical therapy, oral medications including Norco, Flexeril, Prilosec and Naproxen; and activity modifications. Currently on 7-23-15, the injured worker complains of lumbar spine pain rated 7 out of 10 and cervical spine pain rated 5-6 out of 10. He is currently not working. Physical exam performed on 6-22-15 revealed cervical and lumbar spine decreased range of motion with spasm and tenderness to palpation and on 7-23-15 noted lumbar spine spasm and guarding with restricted range of motion. On 7-23-15, a request for authorization was submitted for continuation of chiropractic treatment, request for aqua therapy, referral to pain management and prescriptions for Norco 10-325mg, Menthoderm cream and Prilosec. On 8-5-15, utilization review non-certified a request for chiropractic treatment 18 sessions noting lack of documentation regarding whether his is maintenance or flare up treatment as well as the total number of sessions to date the request is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the lumbar spine 3 times a week for 6 weeks, quantity: 18 sessions: 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 claimant presented with chronic low back pain despite previous treatments with medications, injections, acupuncture, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed the claimant has had chiropractic treatments previously. However, total number of chiropractic visits is unclear and treatments outcomes are not documented. Current request for 18 visits also exceed the guidelines recommendation for flare-ups. Therefore, it is not medically necessary.