

<b>Case Number:</b>	CM15-0022967		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/14/2000
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Chiropractic

### 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 43 year old female, who sustained an industrial injury on 11/14/2000. The details of the initial injury were not submitted for this review. The diagnoses have included nonallopathic lesion of the lumbar region, nonallopathic lesion of sacral region, and degenerative disc disease. Treatment to date has included chiropractic therapy and physical therapy. Currently, the IW complains of right side back pain. On 2/10/15, reported 75% improvement in left buttock, however, pain centered on left SI area rated 2/10 VAS. Objective findings documented included decreased lumbar Range of Motion (ROM), and tenderness left hip joint. On 2/6/2015 Utilization Review modified certification for Chiropractic therapy visits to two total visits, noting the MTUS guidelines support two chiropractic therapy visits for flair up. The MTUS Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of Chiropractic therapy visits, twice a week for three weeks for low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic therapy 2 times a week for 3 weeks visits to the low back, as an outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS definitions | 1.

**Decision rationale:** The patient has received prior chiropractic care for her injuries for an injury that occurred 15 years ago. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes improvements with treatment and documents objective measurements and improvements as described by The MTUS. The records provided by the treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered, however the number of visits requested are far in excess of The MTUS recommended number of 1-2 sessions. The carrier has already modified the request and approved 2 sessions. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.