

<b>Case Number:</b>	CM15-0039955		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 35-year-old female, who sustained an industrial injury on November 14, 2014. The diagnoses have included lumbar intervertebral disc syndrome and lumbosacral sprain/strain. Currently, the injured worker complains of low back and left leg pain. In a progress note dated January 13, 2015, the treating provider reports examination of lumbar pain revealed decreased range of motion, positive straight leg raise on right and positive bilateral Kemp's with moderate low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation 2 times a week for 6 weeks, electrical muscle stim, Intersegmental traction:** 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 Chiropractic Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic manipulation two times per week times six weeks, electrical stimulation and intersegmental traction are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are lumbar vertebral disc syndrome; and lumbosacral sprain/strain. The documentation contains 41 pages with no chiropractic session notes. There is an initial chiropractic history and physical any follow-up note dated January 13, 2015. Utilization review indicates the injured worker received 16 chiropractic sessions. As noted above, there are no chiropractic session notes and no documentation of objective functional improvement with ongoing chiropractic treatment. The guidelines recommend a trial of six visits over two weeks and with evidence of objective functional improvement until about 18 visits may be recommended. The injured worker receives 16 chiropractic sessions. There is no clinical documentation with objective functional improvement to warrant additional chiropractic treatment based on the lack of documentation in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement of prior chiropractic treatment (16 sessions), chiropractic manipulation two times per week times six weeks, electrical stimulation and intersegmental traction are not medically necessary.

**Referral to MD for medication:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral to a physician for medication is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. The injured worker's working diagnoses are lumbar vertebral disc syndrome; and lumbosacral sprain/strain. The documentation contains 41 pages with no chiropractic session notes. The date of injury was November 14, 2014. On November 14, 2014 the injured worker was seen and treated by a physician that prescribed Naprosyn and Flexeril. Flexeril is indicated for short-term use (less than two weeks). The medical documentation contains 41 pages. There is insufficient

documentation with sufficient documentation and functional impairment to warrant continued non-steroidal anti-inflammatory drug use. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no treatment required that will aid in the diagnosis, prognosis therapeutic management of the injured worker based on the medical record documentation. Consequently, absent documentation with functional limitations to warrant additional Naprosyn and Flexeril, referral to a physician for medication is not medically necessary.