

<b>Case Number:</b>	CM15-0043399		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 49 year old female with an industrial injury dated December 6, 2013. The injured worker diagnoses include lumbar sprain/strain, low back pain, left leg pain, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. According to the progress note dated 1/21/2015, the injured worker currently complains of lower back pain with radiating pain and cramping from the left L5 area to the calf. Lumbar exam revealed pain with range of motion of lumbar spine and lower thoracic, pain with spasm to palpitation, left lower back pain with left straight leg raises, decreased sensation along the left lumbar, decreased deep tendon reflexes on left, and antalgic left limp gait. The treatment plan included chiropractic treatments 2 times a week for 3 weeks 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 treatments 2 times a week for 3 weeks for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic low back pain despite previous treatments with medications and physical therapy. Review of the available medical records showed no history of chiropractic treatments. Based on the evidences based MTUS guidelines, a trial of 6 chiropractic treatments over 2 week is recommended for low back pain, total up to 18 visits over 6-8 weeks if evidences of objective functional improvements are demonstrated. Therefore, the request for 6 chiropractic treatment is medically necessary.