

<b>Case Number:</b>	CM15-0045261		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/24/2005
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 48-year-old male, who sustained an industrial injury on 2/24/2005. Diagnoses include lumbar disc displacement without myelopathy, degeneration lumbar/lumbosacral disc and sciatica. Treatment to date has included chiropractic, injections, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 1/06/2015, the injured worker reported back pain. Physical examination revealed spasm and guarding of the lumbar spine. Straight leg raise test was negative. The plan of care included medications and chiropractic care and authorization was requested for 12 sessions of chiropractic care. Per a PR-2 dated 3/16/2015, the claimant has continued low back pain and pain down the left leg. He also has left scrotal numbness and some burning in the left scrotum. He is working with restrictions. Per a PR-2 dated 10/14/2015, the claimant has had 5/6 chiropractic visits. He felt that chiropractic was very beneficial and it improved his function and sleep habits and he is able to continue working at this point with restrictions. He is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of chiropractic treatment of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has had at least five chiropractic visits with benefit. However, the provider failed to document objective functional improvement as a result of chiropractic. Therefore, further chiropractic visits are not medically necessary.