

<b>Case Number:</b>	CM15-0062617		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/23/1998
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Minnesota  
 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 66 year old male who sustained an industrial injury on 4/23/98. The mechanism of injury is not clear. He currently complains of constant, stabbing, shooting low back, right hip, right shoulder, right wrist pain. Medications are 80-90% effective in relieving pain. Pain intensity after medications is 3/10 from 9/10. Diagnoses include lumbar stenosis/ autofusion of L2, L3, fracture and nonunion of acetabulum; intractable pain, right hip; thoracic compression fractures at T9, 10, 11. Diagnostics include whole body bone scan (no date) which was abnormal; MRI of the pelvis and right hip (12/29/11) abnormal. In the progress note dated 3/3/15 the treating provider's plan of care included a request for eight chiropractic treatments for persistent low back pain and right hip/ groin pain to improve range of motion, reduce opioid usage and improve functional capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic therapy sessions for the lumbar spine and right hip/groin:** Upheld

**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 9792.20-9+792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. He doctor requested 8 Chiropractic therapy sessions for the lumbar spine and right hip/groin over an unspecified period of time. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.