

<b>Case Number:</b>	CM15-0065217		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 58 year old male, who sustained an industrial injury on April 27, 2012. The injured worker was diagnosed as having injury to the peroneal nerve, peroneal muscle atrophy, and lumbago. Treatment to date has included right L4-L5 epidural steroid injection (ESI), water therapy, electromyography (EMG), and medication. Currently, the injured worker complains of periodic low back pain and shockwaves down the right leg to the toes, with numbness most pronounced in the toes and base of foot into the outside of the leg and up to the groin. The Treating Physician's report dated March 3, 2015, noted the injured worker reporting his pain a 4-5 to a 2/10 with medications, alleviated by icing of back, movement/positioning, and pain medications. The musculoskeletal examination was noted to show rotation of the lumbar spine limited, with tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Diminished sensation was noted in the right peroneal nerve of the right lower extremity with decreased pinprick sensory at the dorsum of the right foot. The treatment plan included a requested referral for chiropractic treatments provided to focus on spinal treatments, soft tissue modalities, and core stretching and strengthening of the low back, requests for physical therapy for the low back, acupuncture for the low back, and medications including Ultram ER and Gabapentin. The PTP is requesting an initial trial of 18 sessions of chiropractic care to the lumbar spine. The UR department has modified the request and approved an initial trial of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 18 sessions:** 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 and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**Decision rationale:** The patient has not received prior chiropractic care for his low back injury. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care for the low back. The PTP requested an initial trial of 18 sessions of care. The UR department modified the request and in accordance with The MTUS recommendations approved an initial trial of 6 sessions. I find that the 18 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.