

<b>Case Number:</b>	CM15-0073075		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 62 year old male, who sustained an industrial injury on 9/2/09. He reported pain in his lower back related to moving a heavy object. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included a lumbar MRI, physical therapy, chiropractic, lumbar epidural injections, lumbar spinal surgery and pain medications. As of the PR2 dated 2/23/15, the injured worker reported doing well with Norco 5mg. He rates his pain a 6/10 in the lower back. The injured worker would like to avoid taking current medication and try a course of chiropractic treatments. He indicated that chiropractic treatments have been beneficial in the past. The treating physician noted spasms and tenderness in the lumbar spine. The treating physician requested chiropractic treatments 2 x weekly for 5 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 2x5 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**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. Reviewed of the available medical records showed the claimant had failed conservative treatment therapies in the past, which include chiropractic. Total number of previous chiropractic treatment is unclear, however, there is no evidences of objective functional improvements. The claimant continue to have low back pain that required multiple lumbar epidural injections and surgeries. Based on the guidelines cited, the request for 10 chiropractic treatment is not medically necessary.