

<b>Case Number:</b>	CM15-0076254		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 female, who sustained an industrial injury on 1/4/09. She has reported initial complaints of tripping and falling and injuring bilateral knees, left wrist, back, neck and hips. The diagnoses have included carpal tunnel syndrome, ligament and muscle strain and spasm, multiple trigger points in the lumbar spine, and lumbar sprain. Treatment to date has included physical therapy, medications, bracing of wrists, surgery, trigger point and ligament injections. Currently, as per the physician progress note dated 1/7/15, the injured worker complains of continued sharp, dull, aching sensation and burning sensation that has been unchanged. The pain radiates to the neck, shoulders, and has worsened since previous exams. The pain was rated 5-7/10 on pain scale. She reports that rest, medications and heat alleviate the pain and increased or prolonged activities aggravate the pain. The injured worker also reports headaches, weakness, numbness, nausea, recent weight gain and night sweats. Physical exam revealed lumbar limited range of motion due to pain with tenderness noted. The physician gave the injured worker injections of Lidocaine and epinephrine in the lumbar area and Toradol pain medication intramuscular. There was no previous chiropractic sessions noted in the documentation. The physician requested treatment included Outpatient chiropractic (Chiro) nine (9) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chiropractic (Chiro) nine (9) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, multiple injections, and physical therapy. Reviewed of the available medical records showed no history of previous chiropractic treatments; thus, a trial of 6 chiropractic treatments over 2 weeks might be recommended by MTUS guidelines. However, the current request for 9 sessions exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvement with the trial visits, the request for 9 visits is not medically necessary.