

<b>Case Number:</b>	CM15-0094031		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 42-year-old male who sustained an industrial injury on 08/31/1998. Diagnosis is lumbar discopathy. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation unit, physical therapy, epidural steroid injections and chiropractic care. On 12/17/2015, a Magnetic Resonance Imaging of the lumbar spine revealed L5-S1 3-4mm broad based posterior disc protrusion with an annular fissure. There is mild bilateral neural foraminal narrowing. There is bilateral facet joint hypertrophy and ligamentum flavum redundancy. A physician progress note dated 04/23/2015 documents the injured worker complains of frequent pain in the low back. He describes his pain as sharp and there is radiation of pain into the lower extremities. He rates his pain as 6 on a scale of 1-10. He has palpable paravertebral muscle tenderness with spasm in the lumbar spine. Range of motion is restricted and guarded. He has tingling and numbness in the posterior leg and lateral foot, which is in the S1 dermatomal pattern. His medications help in improving the injured workers activities of daily living and making it possible for him to continue to work. He received an intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine, as well as an intramuscular injection of Vitamin B12 complex, which he tolerated well. Treatment requested is for 12 Chiropractic/Physiotherapy treatments for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Chiropractic/Physiotherapy treatments for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 5/6/15 denied the request for additional Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect that prior to the current request for 12 additional Chiropractic visits the claimant received 20 certified Chiropractic visits through 7/22/15. The referenced CAMTUS Chronic Treatment Guide lines support additional care with evidence of functional improvement, evidence not provided at the time of the 12 additional visit requests. The reviewed medical records did not provide the medical necessity to proceed with 12 additional Chiropractic visits that as reported do not comply with CAMTUS Chronic Treatment Guidelines.