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| <b>Case Number:</b>   | CM15-0094476 |                              |            |
| <b>Date Assigned:</b> | 05/21/2015   | <b>Date of Injury:</b>       | 10/29/2012 |
| <b>Decision Date:</b> | 06/26/2015   | <b>UR Denial Date:</b>       | 04/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/18/2015 |

### 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 46-year-old male, who sustained an industrial injury on 10/29/2012 resulting in a neck and back injury. According to a progress report dated 04/14/2015, the injured worker was seen for follow up of his back pain. He reported that his back had been doing about the same. He had a "punch in the back" feeling again. He had good days and back days. Bad days were not brought on by anything in particular. His last flare up took about 5 days after Toradol before finally going away. He had no significant headaches recently. He did feel some achiness into the back of the head/occipital. Washing dishes aggravated it. He was taking Flexeril as needed up to 3 per day depending on his pain/tightness to his back. He was taking Norco again as needed and had not taken one in the last 3-4 days. Assessment included low back pain. Treatment to date has included MRI, physical therapy, chiropractic care and medications. Treatment plan included continuance of Cyclobenzaprine, Norco, and home exercise program. Currently under review is the request for chiropractic therapy 9 visits for the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 9 visits for the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Provider requested trial of 9 chiropractic treatment for lower back, which were modified to 6 by the utilization review. Per guidelines, 4-6 treatments are supported for course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 9 Chiropractic visits are not medically necessary.