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| <b>Case Number:</b>   | CM13-0018927 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 10/14/2012 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 08/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/30/2013 |

### 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. The expert reviewer is a Licensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old female who injured her lower back on 10/14/2012. The mechanism of injury as described in the records is a slip and fall onto the buttock area. The chief complaints as reported by the Primary Treating Physician (PTP) are "low back and tailbone pain." The patient has been treated with medications, acupuncture and physical therapy. The patient has not received any chiropractic care for this injury. The diagnoses assigned by the PTP are coccydynia, probable old coccyx fracture, facet syndrome at L4-5 bilaterally and disc herniation at L4-5. An MRI study of the lumbar spine revealed disc bulging at L4-5. The PTP is requesting a trial of 18 sessions of chiropractic care to the lumbar spine to be rendered over 6 weeks. The UR department has authorized 4 sessions and denied 14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial chiropractic care 3 times a week for 6 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

**Decision rationale:** This is a chronic case where the patient has never received any chiropractic care. The patient has received acupuncture and physical therapy. MTUS ODG Low Back Chapter recommends a trial of 6 sessions of chiropractic care to be rendered over 2 weeks. Additional treatment sessions are also recommended, up to 18 sessions with evidence of objective functional improvement. The PTP has requested 18 sessions of care and the UR department has approved 4. Clearly, the requested 18 sessions far exceed the MTUS recommendations for an initial trial run of care. The 3 sessions of chiropractic care per week for 6 weeks to the lumbar spine are not medically necessary and appropriate.