

<b>Case Number:</b>	CM13-0019101		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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 31-year-old injured worker with an injury on March 03, 2011. The patient has a history of low back and right leg pain, which has been treated with medication, epidural steroid injection, physical therapy, and 23 prior chiropractic visits. A prior MRI from June of 2012 revealed degenerative disc disease and facet arthritis at multiple levels. The patient is reported to have moderate to severe stenosis at L4-5 and mild to moderate stenosis at L5-S1. Moderate to severe bilateral neuroforaminal narrowing is noted at L5-S1. Most recently 10 additional chiropractic sessions had been requested for the patient beyond the initial 23 that had already been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, 10 sessions for the Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS the Chronic Pain Medical Treatment Guidelines, Man.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 59-60.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines allow for an initial six sessions, after which time, documented objective evidence of functional

improvement must occur. The patient's pain level is relatively the same throughout the course of treatment, though the earliest chiropractic records, documented some improvement in walking tolerance there is little documented specific functional improvement. In addition, the patient's exam findings have been relatively stable. Notably, this patient has documented neurocompressive pathology by MRI with radicular symptoms. The patient has signification amount of chiropractic care, and guidelines suggest goals of treatment should allow for more active self therapy. Additional chiropractic care at this time would not be expected to significantly change the patient's symptoms, function, or potential ultimate need for surgery based on the information reviewed. The request for ten session of chiropractic therapy for the lumbar spine is not medically necessary and appropriate.