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| <b>Case Number:</b>   | CM13-0020854 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 08/27/2012 |
| <b>Decision Date:</b> | 04/14/2014   | <b>UR Denial Date:</b>       | 08/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/06/2013 |

### 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 Licensed in Chiropractic 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 51 year old male who injured his lower back on 8/27/2012, as a result of carrying heavy concrete boards. Per Primary Treating Physician's Report symptoms are reported as "persistent pain" in the low back which is radiating to right lower extremity. Patient has been treated with medications, physical therapy, psychotherapy and chiropractic care. Diagnoses assigned by the PTP for the lumbar spine is L5 radicular pain. The QME has assigned diagnoses of lumbar discogenic syndrome, lumbar radiculitis and lumbar IVD displacement without myelopathy. MRI study of the lumbar spine has shown 3 mm disc protrusion at L4-5 on the right side. The PTP is requesting 12 chiropractic sessions to the lumbar spine

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 2 TIMES 3 WEEKS TIMES 6 WEEKS FOR THE LUMBAR SPINE:**

Upheld

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

**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, MTUS Definitions page 1

**Decision rationale:** There are no chiropractic treatment records in the materials submitted for review. The patient has had 9 chiropractic care in the past, per PTP's reports. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.