

<b>Case Number:</b>	CM13-0023268		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/20/1998
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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.

### 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 79-year-old female who reported an injury on 08/20/1998. The mechanism of injury was not provided in the medical records. The patient's symptoms are noted to include low back pain and right lower extremity pain. Her objective findings included right leg weakness, back spasm, and tenderness. Other objective findings are illegible. Her diagnoses are noted as lumbar spine degenerative radiculopathy and acute right leg neuropathy. A recommendation was made for chiropractic care one for flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care one (1) time a week for six (6) weeks for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The California MTUS Guidelines state that manual therapy and manipulation is recommended as an option for low back pain, noted as a trial of 6 visits over 2 weeks. It further states that a total of up to 18 visits over 6 to 8 weeks may be recommended with evidence of objective functional improvement. It further specifies that for recurrences and flare-ups, treatment success needs to be re evaluation, and if return to work has been achieved, then 1 to 2 visits over 4 to 6 months may be recommended. The case notes indicate that the

patient had previously had 4 chiropractic visits. However, the medical records provided failed to show documentation of functional improvement with those 4 visits of chiropractic care. Furthermore, the only clinical provided was a recent office note dated 08/23/2013; therefore, the patient's full history related to her symptoms and diagnoses was not provided for review. With the absence of documentation required in order to make a recommendation for further chiropractic visits, the request is not supported. Therefore, the request for chiropractic care one (1) time a week for six (6) weeks for the low back is non-certified.