

<b>Case Number:</b>	CM13-0033661		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/25/1998
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Acupuncture 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 injured worker is a 58 year old female who reported low back pain from injury sustained on 2/25/98. Injury was result of a fall at work. X-rays of the lumbar spine dated 8/6/13 revealed decrease in disc height at L3-S1; facet sclerosis from L3-S1; and hyperlordosis of the lumbar spine. MRI of the lumbar spine dated 8/20/13 revealed degenerative disc disease from L4-S1 with significant central stenosis at L4-L5; foraminal impingement at L4-L5. The patient was diagnosed with spinal stenosis of the lumbar region, lumbosacral disc degeneration, sciatica, cervicalgia, and thoracalgia. The patient has been treated with medication, physical therapy, aqua therapy, epidural injections, and chiropractic care. Patient was re-evaluated after 20 chiropractic visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 8/6/13 patient complaints of pain in the lumbar region, pain is 8/10 and 10/10 at its worst; pain is constant but has frequent flare-ups and recently the pain has begun to get worse. Per chiropractic progress notes dated 12/18/13, pain is 6/10; feels a little better; palpation revealed mid-moderate muscle spasm. Per letter dated 9/20/13; patient previously completed 20 physiotherapy sessions with manipulative treatment, which resulted in her pain significantly reduced from 8/10 to 5/10 on 9/17/13. Patient reported symptomatic improvement for the first 20 visits but lack of functional improvement. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. 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 or reduction in medication intake. Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF CHIROPRACTIC CARE, FOR THE LOWER BACK, THRU ALIGN NETWORKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

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

**Decision rationale:** Per MTUS- Chronic Pain Medical Treatment Guidelines, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. The Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.