

<b>Case Number:</b>	CM13-0034490		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/19/1996
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and 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 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 40-year-old female who reported an injury on 03/19/1996 due to being hit with a box. This injury ultimately resulted in laminectomy infusion. The patient was treated post surgically with physical therapy, a TENS unit, and chiropractic care. The patient's most recent clinical exam findings included restricted lumbar range of motion described as 50 degrees in flexion, 10 degrees in extension, 35 degrees in right and left lateral bending, and a positive Kemp's test for lumbar spine pain with a bilateral negative straight leg raise test. The patient's diagnoses included status post lumbar fusion and myofascial pain syndrome. The patient's treatment plan included continuation of chiropractic treatments and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractor x8 Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Chronic Musculoskeletal Low Back Pain, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The additional chiropractic care x8 for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in chiropractic care that did not provide any significant functional benefit. The clinical documentation indicates that the patient had no change in pain scores or tolerance to activities. California Medical Treatment Utilization Schedule recommends continued chiropractic treatments be based on objective functional improvements and quantitative symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has had any functional benefit from the recently received chiropractic care. Therefore, continuation of this treatment modality would not be supported. As such, the requested additional 8 visits of chiropractic care for the lumbar spine is not medically necessary or appropriate.