

<b>Case Number:</b>	CM13-0034694		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/27/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractor 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:

This is a 57-year-old female with a 2/12/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 12/20/13, the patient continued to have persistent pain in her low back with radiating pain into both legs. The patient stated in an 8/16/13 note that she has had marked improvement in her backache and buttocks pain with the use of chiropractic treatment. She has gym membership and has been doing aqua therapy. Objective findings: focal tenderness over posterior spinous processes and paravertebral muscles, limited range of motion with pain in right gluteal region, posterior thigh, and calf. Diagnostic impression: Grade 1 L5-S1 spondylolisthesis of low back, lumbar degenerative disc disease at the L4-L5 and L5-S1 level with right L5 radiculopathy. Treatment to date: medication management, activity modification, acupuncture, physical therapy, lumbar epidural steroid injection, chiropractic care. A UR decision dated 9/27/13 denied the request for additional chiropractic sessions. There are no specified goals for any additional chiropractic treatment. It would appear that the patient is now ready to transition to self-management with her independent rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic sessions, 1x6 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints, 9792.24.2 Page(s): 58.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In the present case, the patient has received chiropractic treatment and stated that she has had marked improvement. However, the total number of sessions completed to date is not noted. In addition, there is no documentation of functional gains or decrease in medication usage from her prior treatment. Therefore, the request for Additional Chiropractic sessions, 1x6 for the Low Back is not medically necessary.