

<b>Case Number:</b>	CM13-0046524		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Care 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 44 year old male who injured his lower back on 11/27/2012. The patient is also suffering from fractures of the right distal tibia and fibula. For his chief complaint, the Primary Treating Physician reports that the patient "still has pain in the back." The patient has been treated with medications, physical therapy, acupuncture and chiropractic care. Diagnoses assigned by the treating physician for the lumbar spine are sciatica, radiculopathy and lumbago. Magnetic resonance imaging (MRI) or Electromyography and nerve conduction velocity studies of the lumbar spine are not available in the records provided. The treating physician is requesting 12 additional sessions of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL CHIROPRACTIC THERAPY FOR LUMBAR SPINE; TWO TIMES A WEEK FOR SIX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 and Other Medical Treatment Guideline or Medical Evidence:  
Page 1.

**Decision rationale:** The patient suffers from a chronic low back and ankle injury. He has received previous chiropractic care per the records provided. Official Disability Guidelines 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." California Medical Treatment Utilization Schedule (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 treating physician describes some improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. Physical therapy notes present in the records show objective improvement with ongoing physical therapy, however chiropractic care records are not present in the records provided. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.