

<b>Case Number:</b>	CM13-0049202		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 38 year old female who reported low back pain and neck pain from injury sustained on 10/2/11. The patient was doing her regular and customary duties when she had a slip and fall in the freezer at work. MRI of Lumbar spine dated April 2, 2012 revealed L5-S1 4mm disc protrusion MRI of Cervical spine and thoracic spine was unremarkable. The patient was diagnosed with with lumbar radiculopathy, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine disc protrusion and depression with anxiety. The patient has been treated with medication, physical therapy, epidural steroid injection and acupuncture sessions. Per notes dated July 29, 2013 patient reports pain 8/10 with medication and 10/10 without medication. Per notes dated July 29, 2013, the patient had limited response to conservative therapy. Per Peer review report dated 9/10/13, treatments received to date include chiropractic treatment. It is unclear on the number of visits and the progression with treatment as these documents were not provided. The patient hasn't had any significant symptomatic or functional improvement. Per report dated 9/10/13, the patient continues to have pain, decreased range of motion in the cervical and lumbar spine, tenderness and hypertonicity of the paraspinal muscles. The patient's progress has come to a plateau. She still remains symptomatic and out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment (6 sessions): 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 Page(s): 58-59.

**Decision rationale:** Per review of evidence and MTUS, the time for the procedures to take effect is 4-6 treatments, with a frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration should be 8 weeks. At 8 weeks patient should be re-evaluated. 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. This patient had prior chiropractic treatments, the frequency and progression was not documented. Peer review notes dated 9/10/13 confirm that the patient has had chiropractic care. Subjective or objective changes with chiropractic treatment were not noted. Per report dated 9/10/13, the patient continues to have pain, decreased range of motion in the cervical and lumbar spine, tenderness and hypertonicity of the paraspinal muscles. Per MTUS- Definition 9792.20 (f) "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, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment". Based on review of evidence and guidelines, functional improvement has not been demonstrated and chiropractic treatment is not medically necessary.