

<b>Case Number:</b>	CM13-0057964		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 50 year old male who injured his wrist, ankle and lower back on 2/23/2009, performing his duties as a kitchen worker while incarcerated at a prison facility. Per Primary Treating Physician symptoms reported are left sided low back pain. The patient has been treated with medications, physical therapy, epidural injection and chiropractic care. Diagnoses assigned by the PTP for the lumbar spine are chronic low back pain and disc protrusion L5/S1. MRI of the lumbar spine per PTP's report shows mild spinal stenosis at L4/L5 and left paracentral disc protrusion at L5/S1 with facet arthropathies. The PTP is requesting 8 additional chiropractic sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic therapy (8 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60.

**Decision rationale:** MTUS states that for chiropractic therapy for recurrences/flare-ups, there needs to be a re-evaluation of treatment success. If return to work is achieved then 1-2 visits

every 4-6 months are recommended when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. MTUS defines functional improvement as 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; and a reduction in the dependency on continued medical treatment. The PTP 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. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. Without this documentation, further chiropractic care is not medically necessary.