

<b>Case Number:</b>	CM13-0060474		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/1991
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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:

Claimant is a 66 year old male who sustained a work related injury on 2/20/1991. Primary diagnoses are lumbar disc herniation, lumbar IVD displacement, and degenerative joint disease. Per a PR-2 on 11/22/13, he has constant low back pain. He is having a flare-up and is antalgic with a limp. He cannot perform the simplest daily tasks. The claimant started chiropractic treatment on 11/28/92. He has had continuous monthly care since 1992 which has minimized flares. A prior QME has recommended 2 visits per month. The current request is for 24 visits of chiropractic. A prior request for 24 visits was partially certified for 2 visits on 12/4/2013 for the flare-up of pain mentioned above. The patient has been retired since 1992. There is no pain or functional assessment documented with bi-monthly chiropractic treatments. There is no documentation of the completion of the authorized two visits, functional improvement from the two visits, or of another flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment (2 times per month for 12 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Low Back Complaints, Revised 2008, page 154.

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

**Decision rationale:** According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of functional improvement from prior chiropractic treatments. The notes mostly document that chiropractic is being rendered to prevent flare-ups. Therefore further chiropractic is not medically necessary. Guidelines allows for 1-2 treatments every 4-6 months for flare-ups. The two visits authorized were for the flare-up in November. However there is no future flare-up documented to justify further visits. Finally, this claimant has had extensive chiropractic treatment through a QME recommendation. However, IMR does not approve based on QME recommendations or future medical rewards. IMR uses evidenced based guidelines as the basis of determining medically necessity.