

<b>Case Number:</b>	CM13-0062352		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 a Licensed 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:

The patient is a 38 year old male laborer who injured his lower back on 10/4/2013, while performing his duties as a warehouse packer. For his chief complaints, the Primary Treating Physician reports that the patient reports that he experiences a constant moderate to severe sharp pain in his low back, which he rates 7/10, on scale from 0-10, associated with a burning sensation. According to the patient, he experiences a radiating pain down to his left thigh, as well as his left testicle, with no numbness and tingling. The patient has been treated with medications, physical therapy and chiropractic care (6 sessions). Diagnoses assigned by the primary treating physician for the lumbar spine is lumbosacral sprain. MRI of the lumbar spine has shown a 2-3 mm annular disc bulge at L4-5 and a 5-6 mm disc protrusion at L5/S1 with central canal and foraminal stenosis. An EMG/NCV study of the lower extremities has been requested. The primary treating physician is requesting 8 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:

**EIGHT (8) SESSIONS OF CHIROPRACTIC THERAPY FOR THE LUMBAR SPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines. Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

**Decision rationale:** The 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." 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; and a reduction in the dependency on continued medical treatment." In this case, 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. Therefore, the request for 8 chiropractic sessions to the lumbar spine is not medically necessary and appropriate.