

<b>Case Number:</b>	CM13-0066585		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Board Certified 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 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:

The patient is a 37 year old male who injured his lower back on 11/09/2012 while riding on the back of a trailer. Per the PTP's Doctor's First Report of Injury the patient complains of constant sharp lumbosacral pain with radiating pain into left leg. Patient has been treated with medications, home exercise program and chiropractic care (67 sessions). MRI scan performed on the lumbar spine revealed minimal posterior bulging at L3-4, moderate posterior central disc protrusion at L4-5 and mild posterior disc bulging at L5/S1. Diagnoses assigned by the PTP for the lumbar spine is lumbosacral sprain and sciatica. The PTP is requesting 12 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 treatment:** 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 Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section and Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

**Decision rationale:** The PTP is requesting 12 sessions of chiropractic care. The patient has completed 67 sessions of chiropractic care since date of injury 11/9/12. MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." For "severe" cases the MTUS ODG Low Back Chapter, Manipulation Section states that 18 visits are appropriate over 6-8 weeks with evidence of objective functional improvement. Patient has completed 67 sessions of chiropractic without any objective functional gains. 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 patient was first seen on 10/2/13. Objective measurements are not available. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered as defined in the MTUS. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.