

<b>Case Number:</b>	CM13-0072566		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 58 year old female who injured her neck, upper back and lower back on 5/25/2011. The mechanism of injury consists of the vehicle in which the patient was a passenger, rolled over when the driver fell asleep. Per the PTP's report the subjective complaints are "constant low back pain. She has intermittent pain in her left inner thigh." The patient also complains of bilateral foot numbness when seated. Patient has been treated with medications, hot pads, exercises, physical therapy and chiropractic care. Diagnoses assigned by the PTP are status post motor vehicle accident, low back pain, lumbar degenerative disc disease, lumbar spondylosis, moderate central canal stenosis at L3-4 and lumbar radiculitis. An MRI study of the lumbar spine has revealed mild facet arthropathy at L2-3 with a 3 mm circumferential disc bulge, moderate to severe facet arthropathy at L3-4/L4-5 with ligamentum flavum hypertrophy and a 3mm disc bulge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWICE A WEEK FOR SIX WEEKS CERVICAL, THORACIC, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Upper Back and Low Back Chapters, Manipulation Section.

**Decision rationale:** The patient has completed 12 sessions of chiropractic care per the records provided. The UR department has authorized 8 or the 12 sessions already. MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and Official Disability Guidelines (ODG) Chiropractic Guidelines Neck and Low back Chapters recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with rendered chiropractic care in the cervical and the lumbar spine. The 12 chiropractic sessions requested to the neck, upper back and lower back are not medically necessary and appropriate.