

<b>Case Number:</b>	CM14-0000288		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 has a subspecialty in 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 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 injured worker is a 37 year old female who reported low back pain from injury sustained on 5/29/13 while breaking up a fight. MRI of the lumbar spine revealed multilevel degenerative changes most significantly involving moderate narrowing of let lateral recess at L4-5 and L5-S1. Nerve conduction study of left lower extremity was normal. Patient was diagnosed with lumbar strain and lumbar radiculopathy. Patient has been treated with medication; aquatic therapy; physical therapy; epidural injection and chiropractic. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Per chiropractic progress notes dated 9/18/13, patient is making progress with treatment; low back pain is slightly less. Per medical notes dated 10/25/13, she presents with increased pain. She sustained flare up after prolonged sitting. Per notes dated 11/21/13, patient complains of pain rated at 4/10. Her persistent symptomology is worse. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Patient hasn't had any long term symptomatic or functional relief with chiropractic care. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE (3 TIMES PER WEEK FOR 3 WEEKS): 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 Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation pages 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Furthermore, requested visits exceed the maximum quantity supported by guidelines. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Therefore, based on review of evidence and guidelines, the 9 Chiropractic visits are not medically necessary.