

<b>Case Number:</b>	CM14-0004820		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 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 claimant is a 63 year old male who sustained a work related injury on 3/7/2013. Per a PR-2 dated 11/5/2013, the claimant has low back pain radiating to his mid and upper back and neck. Pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on his back. The pain is accompanied with numbness, weakness, and tingling sensation in the left leg and foot level. His diagnosis is lumbosacral sprain/strain. Prior treatment includes oral medication, topical medication, and chiropractic. It is unclear how many chiropractic sessions have been provided. There are chiropractic notes from 11/27/13-12/30/13 for a total of seven chiropractic sessions. He also had six sessions authorized on 12/27/2013. Chiropractic notes mainly document procedures performed and pain levels and have no mention of functional capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC THERAPY 2X 6 FOR THE LUMBAR SPINE (12 TOTAL SESSIONS):**

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): 58-60.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an initial trial of chiropractic care, but the provider has failed to document functional improvement associated with the completion of his chiropractic visits. In addition there appears to be further chiropractic visits certified with no documentation of completion. Therefore, the request for further chiropractic care is not medically necessary and appropriate.