

<b>Case Number:</b>	CM14-0007458		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/17/1997
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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, and is licensed to practice in California and Texas. 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:

According to the submitted documentation, the injured worker (IW), a 70 year old male, reported low back pain on 3/17/97. Mechanism of injury is not stated. The treatment to be addressed in this review is chiropractic care 2 x for 4 weeks. The IW is currently under the care of orthopedist, [REDACTED] who made the recommendation for 8 additional sessions of chiropractic treatment. An MRI study dated 1/25/13 noted disc degeneration throughout the lumbar spine. Disc bulging was noted at L1-L2, L2-3, L4-5, with encroachment. The MRI report noted status post surgical bi-lateral laminectomies and fusion at L5-S1. Reports dated 2/1/13, 2/15/13, 3/15/13, 5/10/13, and 9/6/13 from [REDACTED] noted no positive orthopedic tests. Range of motion was essentially normal with occasional restrictions. The 3/15/13 report noted weakness in the left foot. The 5/10/13 report noted "The weakness in his foot is now improved, it is close to normal." Letters from the IW dated 1/14/14 and 2/19/13 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT TWICE WEEKLY FOR FOUR WEEKS, LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Manual therapy &.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The initial review report from [REDACTED] dated 12/19/13 noted the IW had received "24-27" sessions of chiropractic care previously in 2013 prior to the request for an additional 8 sessions. The CA MTUS guidelines recommend up to 18 sessions of chiropractic care per year. The submitted reports by [REDACTED] do not provide sufficient clinical findings to substantiate medical necessity of additional treatment beyond the guidelines, despite the fact that the IW had already received 24-27 sessions prior to the request for an additional 8. The most recent examination report is dated 9/6/13 noted "good range of motion and good strength. He is a little stiff in extension. Straight leg raise is negative." There is no discussion of a recent flare-up or compelling rationale why an additional 8 sessions would be required. After review of the reports and the letters from the IW, it is clear that he benefits from chiropractic care throughout the year. The treatment in question, however, does not appear to be medically necessary and exceeds the guidelines. The CA MTUS guidelines recommend 1-2 sessions to address flare-ups. Given the lack of clinical findings and/or a specific flare up, it is the opinion of this reviewer that the proposed chiropractic treatment 2x for 4 weeks is not medically necessary and not in keeping with the guidelines.