

<b>Case Number:</b>	CM14-0007558		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/02/2014
<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 Board Certified in Orthopedic Surgery and is licensed to practice in Maryland. 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 57-year-old female who sustained an injury to her low back on 08/27/12 after a fall. The patient was diagnosed with osteoarthritis of the thoracic/lumbar spine, bilateral hips and focal lumbar myofascial syndrome with right-sided sciatica. The injured worker continued to complain of low back pain that radiated into the bilateral lower extremities, right greater than left with associated tingling and numbness sensation. The injured worker also stated that her mid back pain radiated into her neck. Plain radiographs of the cervical spine revealed no acute abnormalities. The records indicate that the injured worker has been treated on a conservative basis with physical therapy and was recommended for certification of six visits of chiropractic treatment to treat the thoracic/lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED CHIRO 3 X 6 FOR THE LUMBAR/THORACIC SPINE:** 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 & Manipulation Page(s): 58-60.

**Decision rationale:** The request for continued chiropractic three times a week times six weeks for the lumbar/thoracic spine is not medically necessary. The previous request was denied on the basis that the clinical note 12/18/13 did not document the injured worker's response to the initial six visits of chiropractic manipulation treatment. The California MTUS recommends additional chiropractic treatment only after documentation of functional improvement has been demonstrated. There was no additional significant objective clinical information provided to support continued chiropractic treatment and the medical records failed to provide any clinical information addressing functional improvement; therefore, the request for continued chiropractic three times a week times six weeks for the lumbar/thoracic spine has not been established.