

<b>Case Number:</b>	CM14-0108706		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 injured worker is a 46 year old male, who sustained a work related injury to his low back on 9/10/2012 while performing his duties as a laborer. According to an initial medical evaluation performed February 14, 2014, the injured workers initial injury consisted of a fall, hitting the left knee, with bruising and swelling and swelling in the bilateral wrists. At a later time, he developed additional symptoms of lower back pain. Treatment at that time consisted of obtaining x-rays, medication for pain, and physical therapy for a few weeks. Since this injury, his symptoms are of the same severity as the date the injury occurred. The injured worker has not returned to work since September 2012. The physician documents the diagnoses as lumbar spine pain, abdominal pain, bilateral wrist pain, r/o carpal tunnel syndrome, left knee sprain/strain and rule out internal derangement. The patient has been treated with medications of Lisinopril, Naproxen, Tramadol, pantoprazole, cyclobenzaprine, and topical compound creams, acupuncture therapy, chiropractic, physiotherapies and a pain management consultation. A secondary treating physician's progress report dated June 4, 2014, reveals the injured worker complaining of; left knee pain, left and right wrist pain, and low back pain. Work status remains temporarily totally disabled. The PTP is requesting 12 sessions of chiropractic care to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 12 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

**Decision rationale:** The patient has received a trial of 6 sessions of chiropractic care for his injury. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.