

<b>Case Number:</b>	CM14-0011239		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 54-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of August 15, 2011. Medical records from January 2013-December 2013 were reviewed. The patient complained of persistent low back pain. The low back pain was graded 5-7/10 but when in a sitting position, will reach a level of 10 in severity. The pain radiates to her right lower extremity. She also experiences numbness and tingling in her right leg and toes. Upon examination of the lumbar spine, paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Deep tendon reflexes are normal and symmetrical. Sensation and motor strength are grossly intact. Straight leg raising test is positive on the right. Upon examination of the hips and pelvis, the patient noted tenderness to palpation of the greater trochanters. The coccyx is exquisitely tender to palpation. Sacroiliac joints are tender to palpation bilaterally. Treatment to date has included anti-inflammatory medications, Lidoderm patches, physical therapy, and chiropractic therapy. A utilization review, dated January 9, 2014, denied the request for additional chiropractic therapy because the patient had attended a sufficient number of chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment (additional) 98940:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits are supported. In this case, the patient was prescribed chiropractic therapy in August 2013 but the request failed to specify the body part to be treated as well as the frequency of sessions. Although the primary physician mentioned in his appeal to the utilization review denial that benefits and functional improvement were obtained after current treatment, objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Therefore, the request for Chiropractic Treatment (additional) is not medically necessary.