

<b>Case Number:</b>	CM14-0016345		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/02/1991
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 licensed in Chiropractic Care 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 61 year old male who injured his lower back on 12/2/1991, as a result of performing his duties as a [REDACTED]. Per Primary Treating Physician's Report patient complains that "I have low back pain with numbness down the left leg to the foot. The pain increases with prolonged forward bending." The patient has been treated with medications, physical therapy, home exercise program and chiropractic care. Diagnoses assigned by the PTP are lumbar sprain, lumbar pain and lumbar subluxation. MRI study of the lumbar spine has shown broad based disc protrusion at L5-S1 and facet arthropathy at both L4-5 and L5-S1 levels. Narrowing of the spinal canal is also evident at levels L3-L5 per MRI study. The PTP is requesting 7 chiropractic sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC MANIPULATION TREATMENTS, #7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Section, Pages 58-60; Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

**Decision rationale:** The chiropractic treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The objective findings of each PR2 report from the treating chiropractor are identical and show no changes or objective improvement(s) per MTUS definitions. 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. The Oswestry Questionnaires available in the records are records of the patient's subjective complaints as reported by the injured worker and are not objective findings as defined under MTUS. I find that the 7 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.