

<b>Case Number:</b>	CM14-0017350		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/26/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 a licensed Chiropractor 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 33 year old male who injured his lower back on 6/26/2006. Per the primary treating physician (PTP) symptoms list, patient states that "He notes his pain is currently located in his lower back and right thoracic back. He notes the pain from his lower back does radiate into his bilateral lower extremities, with numbness throughout his left lower extremity." The patient has been treated with medications, physical therapy, injections, acupuncture, chiropractic care and massage therapy. The diagnoses for the lumbar spine as assigned by the primary treating physician are lumbar disc displacement without myelopathy, chronic pain, stenosis lumbar spine and degeneration of lumbosacral disc. MRI studies of the lumbar spine have shown a "persistent 4-5 mm central disc herniation at L5-S1 level. There is also mild thecal sac effacement potential for bilateral S1 nerve root irritation." The PTP is requesting 6 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:

**6 SESSIONS OF CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

**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 AND MTUS DEFINITION PAGE 1.

**Decision rationale:** The chiropractic treatment records in the materials submitted for review do not document objective functional improvement as described by MTUS. The treating chiropractor's initial consultation and treatment session is detailed with findings, however, the subsequent chiropractic progress notes do not have the measurements needed to provide with functional measurable improvement. Simply stating that there has been improvement with treatment does not make the case for further care. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if return to work (RTW) is 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 treating chiropractor describes some improvements with past treatment but no objective measurements are listed. The 6 chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.