

<b>Case Number:</b>	CM14-0112538		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 patient is a 32 year old male who injured his lower back on 9/20/2013 while performing his duties as a high school teacher. The chief complaints are reported by the PTP as follows: "He describes his low back pain as a constant aching type pain. The pain is worse with standing, walking and lifting." The patient has been treated with medications, an epidural injection, physical therapy and chiropractic care. The diagnoses assigned by the PTP are lumbar strain, low back pain, lumbar degenerative disc disease and lumbar facet arthropathy. An MRI study of the lumbar spine has revealed 2-3 mm diffuse disc bulges at L3/4, L4/5 and L5/S1. The PTP is requesting 6 additional sessions of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic treatment 1-2 times a week for 6 weeks total of 6 visits, Lumbar spine:** 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.

**Decision rationale:** In this chronic low back injury case, the patient has received chiropractic care for his low back 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. The request for Additional 6 Visits of Chiropractic Treatments is not medically necessary.