

<b>Case Number:</b>	CM14-0115722		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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, has a subspecialty in Pediatric 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 33 year old individual with an original date of injury of 8/9/11. The mechanism of this industrial injury occurred when the patient was sitting down on a chair and the chair fell backwards. An MRI on 5/23/14 reported an L1-2 left paracentral extrusion extending into the L2 lateral recess. There was a 5mm broad-based central protrusion at L4-5 with moderate to mild central canal and bilateral foraminal stenosis. At L5-S1 there is a 3-4mm annular budge with mild bilateral foraminal and right lateral recess stenosis. The patient has also been treated medically with pain medications and epidural injections. The injured worker has undergone 16 approved chiropractic treatments in 2013. There is no documented objective, functional improvement noted from the previous chiropractic treatment and no indication of a flare-up of the condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The disputed issue is a request for 4 additional chiropractic treatments for the lumbar spine. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC X4 VISITS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, MANIPULATION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations. Page(s): 58-60..

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement noted from the previous chiropractic treatment and no indication of a flare-up of the condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The request for 4 additional chiropractic treatments for the lumbar spine is non-certified.